

Donor/Sponsor Name				
	(As it should appear in the program)			
Contact Name				
Street Address				
City	State	Zip	Phone	(required)
Email				(required)
I will be attending	I will not be atte	ending		
Sponsorship (Refer to Sponsorship	evels page for complete bene	efits listing)		
Presenting \$50,000	) Southwest \$5,000			
Host \$25,000	Osborn \$2,500			
Brightmoor \$15,000	Patron \$1,	000		
Durfee \$10,000				
Unable to participate, p	please accept my dona	ition of		
Enclose is my check for \$				
Please return Sponsorship (	commitment and Payı	ment by March 29, 2	2024 to:	
Forgotten Harvest Attn, Taylor Seifert 15000 W. Eight Mile Rd.				

Oak Park, MI 48237

## To pay by credit card, please contact:

Susan Chomsky, Donor Relations & Database Manager Development, at 248.298.3424.