2027 Corporate Partner Program

Commitment Form

Trinity Health

Office of Philanthropy -
Muskegon, Shelby and Grand Haven

Be a corporate partner

Building healthy community

- ☐ Executive Partner – $10,000
- ☐ Business Partner – $5,000
- ☐ Professional Partner – $2,500
- ☐ Community Partner – $1,000

Interest Area(s)

- ☐ The Farm at Trinity Health Muskegon
- ☐ Tree Lighting (all three hospitals)
- ☐ Growing Our Own event
- ☐ Retired Medical Staff Luncheon
- ☐ Women *for* Health events
- ☐ Safe Kids

Host an internal company fundraiser

☐ Check here if you are interested in learning more about hosting a fundraiser

Contribution

I/We would like to make a gift of $: _____

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

☐ My/Our check is enclosed *(made payable to the Trinity Health)*.

☐ Please invoice us at the above address.

Please return this form via postal mail to: Trinity Health Office of Philanthropy, 6401 Prairie St., Suite 1000, Muskegon, MI 49444

Email form to: allison.dile@trinity-health.org

For more information contact Allison Dile, Donor Relations & Engagement Officer, 231-672-6976 or allison.dile@trinity-health.org.