



YES, I would like to join Gift of Life Transplant House as a Corporate Partner.

Please make your selection by placing a checkmark next to the appropriate box.

CORPORATE PARTNERSHIP OPPORTUNITIES

- | | | |
|--------------------------|-------------------|---------|
| <input type="checkbox"/> | Legacy Partner | \$7,500 |
| <input type="checkbox"/> | Investing Partner | \$5,500 |
| <input type="checkbox"/> | Friend Partner | \$3,000 |
| <input type="checkbox"/> | Enriching Partner | \$2,000 |

ALA CARTE PARTNERSHIP OPPORTUNITIES

Please indicate the event you would like to sponsor.

<input type="checkbox"/>	_____	\$ _____
	<i>Please indicate type of partnership</i>	<i>Amount</i>
<input type="checkbox"/>	_____	\$ _____
	<i>Please indicate type of partnership</i>	<i>Amount</i>
<input type="checkbox"/>	_____	\$ _____
	<i>Please indicate type of partnership</i>	<i>Amount</i>
<input type="checkbox"/>	_____	\$ _____
	<i>Please indicate type of partnership</i>	<i>Amount</i>
<input type="checkbox"/>	_____	\$ _____
	<i>Please indicate type of partnership</i>	<i>Amount</i>

Please return this form and your check made payable to Gift of Life Transplant House for the total of your partnership level choice(s) to Gift of Life Transplant House, 705 2nd St. SW, Rochester, MN 55902.

THANK YOU!