

# Community Health Foundation of Kay County

**CHOOSE YOUR FRIEND OF THE FOUNDATION LEVEL:**

CHAMPION - \$10,000

HERO - \$5000

AMBASSADOR - \$2500

ADVOCATE - \$1000

ALLY - \$500

PARTNER - \$250

SUPPORTER - \$100

PATRON - \$50

OTHER: \_\_\_\_\_

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_