
2023 Cleveland Heritage Medal Commitment Form

Contact _____

Company/Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email _____

Heritage Medal Sponsorship, Tables & Tributes

Heritage Medal Title Sponsor - \$5,000 each Qty ____

Heritage Medal Tribute Book Sponsor* - \$5,000

Heritage Medal Table Sponsor - \$2,500 each Qty ____

Tribute Book Celebratory Messages

Front Inside Cover* - \$3,000

Back Inside Cover* - \$3,000

Single-Page - \$1,500 each Qty ____

TOTAL \$ _____

PAYMENT INFORMATION:

Credit card:

Online purchasing is available at heritagemedal.com. You may also call 216-778-5665 or complete the following:

VISA MasterCard Discover American Express

Name of Cardholder: _____
(as it appears on the card)

Account Number: _____

CSC: _____ Exp. Date: _____

Signature: _____

Check enclosed (Amount of check: \$ _____)

Make checks payable to: **The MetroHealth Foundation Inc.**

On the memo line of your check please indicate:

Cleveland Heritage Medal 2023

Please return this form by **September 29, 2023** to:

Cleveland Heritage Medal

c/o The MetroHealth Foundation Inc.

2500 MetroHealth Drive

Cleveland OH 44109

Please send an invoice

**One available. Please contact Debbie Rothschild at 440-592-1399 or drotsthschild@metrohealth.org to confirm availability.*