



## Native Wellness Institute DONOR FORM

Thank you for supporting our efforts in bringing wellness and healing to our people!

### Native Wellness Institute Giving Options:

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Eagle Feather Sponsor   | \$100,000 and above  |
| <input type="checkbox"/> Medicine Bundle Sponsor | \$50,000 to \$99,999 |
| <input type="checkbox"/> Dream Catcher Sponsor   | \$25,000 to \$49,999 |
| <input type="checkbox"/> Morning Star Sponsor    | \$10,000 to \$24,999 |
| <input type="checkbox"/> Rising Sun Sponsor      | \$5,000 to \$9,999   |
| <input type="checkbox"/> Rolling Thunder Sponsor | \$2,500 to \$4,999   |

### Native Wellness Institute co-sponsorship opportunities:

- |   |          |  |          |
|---|----------|--|----------|
| <input type="checkbox"/> Morning/afternoon refreshment breaks | \$5,000  | <input type="checkbox"/> In-kind donation from tribal programs (volunteers, program staff assistance, etc) |          |
| <input type="checkbox"/> Printing of Gathering program        | \$2,500  | <input type="checkbox"/> Travel scholarship  | \$500    |
| <input type="checkbox"/> Keynote speaker                      | \$2,000  | <input type="checkbox"/> Gathering Luncheon  | \$15,000 |
| <input type="checkbox"/> Workshop presenter                   | \$1,250  | <input type="checkbox"/> Gathering Breakfast   | \$10,000 |
| <input type="checkbox"/> Health Expo Sponsor                  | \$1,500  | <input type="checkbox"/> Spiritual Leader Sponsor  | \$2,000  |
| <input type="checkbox"/> Gathering bags                       | \$5,000  | <input type="checkbox"/> Door prizes/giveaways   | \$2,500  |
| <input type="checkbox"/> Gathering banquet                    | \$25,000 | <input type="checkbox"/> Staff travel  | \$5,000  |
| <input type="checkbox"/> Entertainment                        | \$7,000  |  |          |
| <input type="checkbox"/> Miscellaneous contribution \$_____   |          | <input type="checkbox"/> Board of Directors travel \$_____   |          |

Name of Tribe/Company/Donor: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If paying by credit card:      VISA      MASTERCARD (please circle)

Name on card: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security code: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_