West Michigan, Kalamazoo-Muskegon MI Black Nurses Association

KMMBNA Nineteenth Annual Scholarship Gala Event

Saturday, June 6, 2026

Reception 5:00pm | Dinner 6:00pm | Program 6:45pm

The Ambassador East Ballroom at the Amway Grand Plaza, 187 Monroe Avenue, NW, Grand Rapids, MI 49503

Contact Information

Name:_____ **Corporation:**_____

Street:_____ **Apt./Box:** _____

City/State/Zip: _____ **Phone:** _____

Email: _____

TABLE SPONSORSHIPS

Please Note: We kindly request you to select a Sponsorship Table which seats 8 guests. If you would like a Table Sponsorship, please indicate which level from the options below.

Champion Platinum Sponsor - $10,000 - Seats 8

- ***Reserved Seating with Table Recognition***
- ***Business Name and Logo in Program***
- ***Multi-Media Recognition***
- ***Address the Audience for 5 Minutes During Reception***
- ***Business Ad Aired in Reception and Dinner Presentation***

QTY. ☐

Nurse Scholar Sponsor - $6,000 - Seats 8

- ***Reserved Seating with Table Recognition***
- ***Business Name and Logo in Program***
- ***Multi-Media Recognition***
- ***Address the Audience for 3 Minutes During Reception***
- ***Business Ad Aired in Reception and Dinner Presentation***

QTY. ☐

Education Sponsor - $4,000 - Seats 8

- ***Reserved Seating with Table Recognition***
- ***Business Name and Logo in Program***
- ***Acknowledgement during the Reception***
- ***Business Ad Aired in Reception and Dinner Presentation***

QTY. ☐

Progressive Sponsor - $1,500 - Seats 8

- ***Reserved Seating with Table Recognition***
- ***Business Name in Program***

QTY. ☐

Tickets Total

Table Sponsorship (Includes 8 Tickets): $_____

Individual VIP Tickets Reserved Seating ($175 ea.) Qty: _____

Individual Tickets Open Seating ($125 ea.) Qty: _____

KMMBNA Member Ticket ($75 ea.) Qty: _____

KMMBNA Student Member Ticket ($50 ea.) Qty: _____

Tickets Grand Total: $_____

Business/Patron Sponsor

Business Patron ($250 per Business Card) Qty: _____

Individual Patron ($100 ea., name only) Qty: _____

Sponsor Grand Total: $_____

If you are sponsoring as Business Patron, please enclose a copy of your business card/details for us to include in the program

Payment

Total Due $_____

I would like to pay via (check one):
Zelle_____ Check_____ Other_____

Please send Zelle payments to **WAr1664623@aol.com**

Please Make Checks Payable to **KMMBNA** and mail to
Dr. Birthale Archie, 3860 E. Norwalk Dr. SE
Grand Rapids MI 49508

Please mail/submit payments or give notice by Friday, May 22, 2026

If you would like to discuss payment options, please contact Dr. Birthale Archie at (616) 633-0616 or birthale39@aol.com