



Golf For Hospice

Greystone Golf Club

Friday, June 25, 2010



ACE SPONSOR: \$3,000

- Company name prominently displayed
- 2 Foursomes
- Company Promotional Opportunity on Hole #6
- Company name on 4 golf carts & signage at Pro Shop
- Quarter-page ad in Event Program

EAGLE SPONSOR: \$2,000

- Foursome
- Company name on 2 golf carts
- Company name on signage at Driving Range
- Company recognition in Event Program

BIRDIE SPONSOR: \$1,500

- Foursome
- Company name on a golf cart
- Company recognition in Event Program

REFRESHMENTS ON COURSE: \$500

- Company name at Refreshment Station
- Company recognition in Event Program

TEE SPONSOR: \$300

- Company name displayed on a Tee Sign
- Company recognition in Event Program

CART SPONSOR: \$200

- Company name displayed on a Golf Cart
- Company recognition in Event Program

<p><u>SPONSORSHIP LEVEL</u></p> <p><input type="checkbox"/> ACE Sponsor: \$3,000</p> <p><input type="checkbox"/> EAGLE Sponsor: \$2,000</p> <p><input type="checkbox"/> BIRDIE Sponsor: \$1,500</p> <p><input type="checkbox"/> REFRESHMENTS ON COURSE: \$500</p> <p><input type="checkbox"/> TEE Sponsor: \$300</p> <p><input type="checkbox"/> CART Sponsor: \$200</p>
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<p><u>OTHER OPPORTUNITIES</u></p> <p><input type="checkbox"/> Foursome: \$800</p> <p><input type="checkbox"/> Individual: \$200</p> <p><input type="checkbox"/> Raffle And Mulligan Package: \$25/Player Number of Raffle & Mulligan Packages _____</p> <p><input type="checkbox"/> I am unable to attend but I wish to make a tax-deductible contribution of \$ _____</p>
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Name: _____ Email: _____

Company/Organization _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

Golfer 1: _____ Email _____

Address: _____ Zip _____

Golfer 2: _____ Email _____

Address: _____ Zip _____

Golfer 3: _____ Email _____

Address: _____ Zip _____

Golfer 4: _____ Email _____

Address: _____ Zip _____

Please Check One: Check Enclosed VISA MASTERCARD
 Credit Card #: _____ Exp. Date: _____

Please return this form with your check or payment detail to:
 Visiting Nurse Foundation, 2180 Empire Blvd., Webster, NY 14580 Or fax to 585-787-9730. Once received, we will send you a confirmation and schedule for the day. For additional information call the Foundation at 585-787-2233 ext. 8433.