

16TH Annual Glendale Memorial Hospital Golf Classic

April 23, 2012 • Oakmont Country Club

Presenting Sponsor - \$20,000

Exclusive opportunity, based on commitment timing

- Corporate name integrated into name of event
- Logo on tournament welcome banner
- Three company banners
- Three foursome entries with tee gift packages
- Gift of appreciation presented at dinner
- Sponsorship acknowledgment in all event marketing including program & website
- Twelve additional reservations for reception & awards dinner
- Opportunity to have corporate display on course

Eagle Sponsor - \$15,000

- Logo on tournament banner
- Two foursome entries with tee gift packages
- Gift of appreciation presented at dinner
- Acknowledgment in all event marketing

Birdie Sponsor - \$10,000

- Logo on tournament banner
- Two foursome entries with tee gift packages
- Acknowledgment in all event marketing

Dinner Sponsor - \$10,000

Exclusive opportunity, based on commitment timing

- Logo on tournament banner
- Foursome entry with tee gift packages
- Dinner Sponsor signage on all banquet tables

Golf Cart Sponsor - \$7,500

Exclusive opportunity, based on commitment timing

- Name on tournament banner
- Foursome entry with tee gift packages
- Exclusive cart signs with logo on all carts
- Acknowledgment in all event marketing

Lunch Sponsor - \$5,000

- Name on tournament banner
- Twosome entry with tee gift packages
- Your name on table signs on all lunch dining tables
- Name recognition in program

Par Sponsor - \$4,000

- Name on tournament banner
- Foursome entry with tee gift packages
- Acknowledgment in all event marketing

Individual Golfer - \$1,000

Corporate Tee Sign - \$500

- One tee sign
- Name recognition in program

Dinner and Program Only - \$100

I am unable to participate, but enclosed is a gift of \$ _____ to support Glendale Memorial Hospital.

Method of Payment

- Enclosed is my check payable to GMH Foundation in the amount of \$ _____.
- Please bill my : ◦ Visa ◦ M/C ◦ American Express ◦ Discover

Name on Card: _____

Phone Number: _____

Company: _____

Email Address: _____

Billing Address: _____

Card Number: _____

Expiration Date: _____

Signature: _____