

HOSPITAL FOUNDATION of WASHINGTON COUNTY Annual Charity Golf Tournament

BENEFIT ST. VINCENT SALEM FOR LEADING COMMUNITY HEALTHCARE CONTRIBUTION

SPONSORSHIP LEVELS AND BENEFITS

TITLE SPONSOR | \$2,500

- ◆ TWO TEAM ENTRIES (EIGHT PLAYERS) IN GOLF TOURNAMENT
- ◆ CORPORATE SIGNAGE AT REGISTRATION AND ON EACH LUNCH TABLE
- ◆ VERBAL RECOGNITION DURING THE LUNCH PROGRAM AND AN OPPORTUNITY TO MAKE A SPEECH DURING THE LUNCH PROGRAM
- ◆ CORPORATE LOGO LISTED IN THE EVENT PROGRAM AS "TITLE SPONSOR"
- ◆ FEATURED IN THE EVENT PRE AND POST MEDIA/COMMUNICATIONS AND ANNUAL PHILANTHROPY REPORT AS "TITLE SPONSOR"
- ◆ OPPORTUNITY TO PRESENT THE COMPANY PRODUCT THE DAY OF OUTING
- ◆ INVITATION TO ATTEND A PRIVATE TOUR OF ST. VINCENT SALEM FOR UP TO SIX GUESTS

CORPORATE SPONSOR | \$1,500

- ◆ TWO TEAM ENTRIES (EIGHT PLAYERS) IN GOLF TOURNAMENT
- ◆ CORPORATE SIGNAGE AT THE REGISTRATION AND ON EACH LUNCH TABLE
- ◆ VERBAL RECOGNITION DURING THE LUNCH PROGRAM
- ◆ CORPORATE LOGO LISTED IN THE EVENT PROGRAM AS "CORPORATE SPONSOR"
- ◆ FEATURED IN THE EVENT PRE AND POST MEDIA/COMMUNICATIONS AND ANNUAL PHILANTHROPY REPORT AS "CORPORATE SPONSOR"
- ◆ INVITATION FOR A SPECIAL BREAKFAST/LUNCH (2 PEOPLE) WITH CEO OR FOUNDATION BOARD MEMBER

GOLF BALL SPONSOR | \$1,000

- ◆ ONE TEAM ENTRY (FOUR PLAYERS) IN GOLF SCRAMBLE; A SECOND TEAM ENTRY CAN BE ADDED FOR \$500
- ◆ CORPORATE SIGNAGE AT THE REGISTRATION AND ON EACH LUNCH TABLE
- ◆ VERBAL RECOGNITION DURING THE LUNCH PROGRAM
- ◆ CORPORATE LOGO LISTED IN THE EVENT PROGRAM AS "GOLF BALL SPONSOR"
- ◆ FEATURED IN THE HOSPITAL'S WEBSITE (1 YEAR), SOCIAL MEDIA AND ANNUAL PHILANTHROPY REPORT AS "GOLF BALL SPONSOR"

LUNCH SPONSOR | \$750

- ◆ ONE TEAM ENTRY (FOUR PLAYERS) IN GOLF SCRAMBLE; A SECOND TEAM ENTRY CAN BE ADDED FOR \$500
- ◆ CORPORATE SIGNAGE AT THE REGISTRATION AND ON LUNCH TABLE
- ◆ CORPORATE LOGO LISTED IN THE EVENT PROGRAM AS "LUNCH SPONSOR"
- ◆ FEATURED IN THE HOSPITAL'S WEBSITE (1 YEAR), SOCIAL MEDIA PAGES, AND ANNUAL PHILANTHROPY REPORT AS "LUNCH SPONSOR"

TEAM SPONSOR | \$500

- ◆ ONE TEAM ENTRY (FOUR PLAYERS)
- ◆ CORPORATE LOGO LISTED IN THE EVENT PROGRAM AND ANNUAL PHILANTHROPY REPORT AS "TEAM SPONSOR"

HOLE SPONSOR | \$250

- ◆ CORPORATE LOGO LISTED IN THE EVENT PROGRAM AND ANNUAL PHILANTHROPY REPORT AS "HOLE SPONSOR"

PRIZE SPONSOR | \$150

- ◆ CORPORATE LOGO IN THE EVENT PROGRAM AND ANNUAL PHILANTHROPY REPORT AS "PRIZE SPONSOR"

AUCTION SPONSOR | ITEMS

- ◆ CORPORATE LOGO IN THE EVENT PROGRAM AND ANNUAL PHILANTHROPY REPORT AS "AUCTION SPONSOR"

DONORS | ANY SIZE OF DONATION

- ◆ DONOR NAME (COMPANY OR INDIVIDUAL) IN THE EVENT PROGRAM AND ANNUAL PHILANTHROPY REPORT

INDIVIDUAL REGISTRATION | \$100 (A TEAM OF 4 WILL BE \$400)

When: Thursday, September 27, 2018

Where: Hidden Creek Golf Club – 4975 Utica Sellersburg Rd, Sellersburg, IN 47172

Itinerary

11:00 Registration

11:30 Lunch

12:30 Shotgun start

Silent Auction and Award Ceremony

Registration is due to Sept 10th 2018



Make Checks Payable to: Hospital Foundation of Washington Co

Mail registration form with check to: St. Vincent Salem | Attn: Foundation - Seda Arzumanyan | 911 N Shelby St. | Salem, IN 47167

Questions To: Seda Arzumanyan

Phone: 812.352.4211

Email: seda.arzumanyan@ascension.org

HOSPITAL FOUNDATION of WASHINGTON COUNTY
Annual Charity Golf Tournament

SPONSORSHIP COMMITMENT AND REGISTRATION FORM

WE ARE PLEASED TO SUPPORT THE 2018 ANNUAL CHARITY GOLF TOURNAMENT AS A:

- ◇ TITLE SPONSOR | \$2,500
- ◇ CORPORATE SPONSOR | \$1,500
- ◇ GOLF BALL SPONSOR | \$1,000
- ◇ LUNCH SPONSOR | \$750
- ◇ TEAM SPONSOR | \$500
- ◇ HOLE SPONSOR | \$250
- ◇ PRIZE SPONSOR | \$150
- ◇ AUCTION SPONSOR | ITEMS (DESCRIPTION AND VALUE)

◇ DONATION (AMOUNT) _____

INDIVIDUAL REGISTRATION | \$100 _____

ADVANCED MULLIGAN SALES | \$10 (LIMIT 1 PER PERSON) _____

A TOTAL DONATION AMOUNT ENCLOSED \$ _____

PLEASE, PRINT YOUR SPONSOR/ DONOR INFORMATION, AS YOU WOULD LIKE IT TO APPEAR ON ALL SIGNAGE AND/OR PRINTED MATERIALS

SPONSOR/DONOR NAME _____

SPONSOR CONTACT _____ TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ E-MAIL _____

PLAYERS' INFORMATION

1. NAME, ADDRESS, E-MAIL _____

2. NAME, ADDRESS, E-MAIL _____

3. NAME, ADDRESS, E-MAIL _____

4. NAME, ADDRESS, E-MAIL _____

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