

Lourdes Health System Golf Classic October 4, 2010 – Tavistock Country Club Sponsorship Form

Contact Information

Contact Name _____ Phone _____

Company _____

Mailing Address _____

Fax # _____ E-mail Address _____

Sponsorship/Tickets

Corporate Sponsor \$25,000

- Logo On Classic Participant Gifts, Distribution of Company Logo Product At Registration, Full Day of Golf Activities For One (1) Foursome, VIP Starting Position at Hole 1 or 18, Opportunity to Golf with President of Lourdes Health System, Individual Sign Recognition, Commemorative Gift Honoring Your Support, One (1) Guest Table (10 Seats) at The Dance Gala, Recognition in Our Lady Of Lourdes Health System Publication – *HealthTalk* and in Appropriate Media.

Platinum Sponsor \$10,000

- Full Day of Golf Activities for One (1) Foursome, Distribution of Company Logo Product at Registration, VIP Starting Position at Hole 10, Individual Sign Recognition At First Tee, Commemorative Gift Honoring Your Support, Recognition in Our Lady Of Lourdes Health System Publication – *HealthTalk* and in Appropriate Media.

Major Sponsor \$5,000

- Full Day of Golf Activities for Two (2) Individuals, Individual Sign Recognition.

Program Sponsor \$3,000

- Special Recognition the Day of the Classic, Individual Sign Recognition, Cocktails/Dinner for Two (2) Individuals.

Cocktail Hour Sponsor \$2,500

- Individual Sign Recognition at the Cocktail Hour, Cocktails/Dinner for Two (2) Individuals.

Golf Cart Sponsor \$2,000

- Individual Sign Recognition in the Golf Cart Area, Cocktails/Dinner for Two (2) Individuals.

Halfway House Sponsor \$1,500

- Individual Sign Recognition at the Halfway House, Cocktails/Dinner for Two (2) Individuals.

Prize Sponsor \$1,250

- Individual Sign Recognition Prominently Displayed Throughout the Day, Cocktails/Dinner for Two (2) Individuals.

Refreshment Stand Sponsor \$1,000

- Individual Sign Recognition at One of the Refreshment Stand Locations, Cocktails/Dinner for Two (2) Individuals.

Tee & Hole Sponsor \$450

- Individual Sign Recognition at a Tee Or Hole.

Individual Golfer \$450 each x _____ = \$_____ Morning Flight 7:00 a.m. Afternoon Flight 12:30 p.m.

Dinner and Cocktails Only \$100 each x _____ = \$_____

Raffle Tickets Only \$250 each x _____ = \$_____ (only 100 will be sold)

Total Contribution

_____ Check enclosed (payable to Lourdes Health Foundation)

_____ Please bill us

_____ Credit card payment (complete below)

_____ Payment to follow

Visa MasterCard AMEX

Card Number _____

Exp. Date _____

Signature _____

Date _____

For further information, please contact Felicia DiMattia, Director of Special Events, Lourdes Health Foundation, 1600 Haddon Avenue, Camden, NJ 08103. Phone (856) 382-1795 Fax (856) 382-1782 E-mail dimattiaf@lourdesnet.org



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