

# 26<sup>th</sup> Annual St. Mary Charity Golf Tournament

June 4, 2018 ■ Virginia Country Club

## EARLY-BIRD SPONSORSHIP OPPORTUNITIES

<b>GOLD SPONSOR</b>	<b>\$20,000</b> Two complimentary 4-somes in tournament, eight guests at banquet, Gold Sponsor sign at #2 tee, golf gift and tee package for all players, cocktail reception, special recognition at tournament and all golf promotions.	\$ _____
<b>SILVER SPONSOR</b>	<b>\$10,000</b> One complimentary 4-some in tournament, four guests at banquet, Silver Sponsor sign at #10 tee, golf gift and tee package for all players, and special recognition at cocktail reception.	\$ _____
<b>BRONZE SPONSOR</b>	<b>\$5,000</b> Two complimentary players in tournament, two guests at banquet, golf gift and tee package for all players and Bronze Sponsor sign on course.	\$ _____
<b>CORPORATE SPONSOR</b>	<b>\$2,500</b> One player in tournament, one guest at banquet, golf gift and tee package, and sponsor sign at tournament.  <b>Corporate Underwriting available:</b> Luncheon, Reception, Putting Green, Auction, Cart, Course Refreshments, Closest to the Pin, Longest Drive, Practice Tee and Opportunity Drawing.	\$ _____
<b>FOURSOME SPONSOR</b>	<b>\$2,500</b> Four players in tournament, including greens fees, cart, lunch, banquet, tee sponsorship with sign on course, golf gift, and tee package for all players.	\$ _____
<b>TEE SPONSOR</b>	<b>\$1,000</b> Sponsor sign at tee on course.	\$ _____

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check enclosed Amount charged: \$ \_\_\_\_\_

Please bill my credit card # \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Make check payable to:**  
**St. Mary Medical Center Foundation**  
Phone (562) 491-9253 Fax (562) 491-9380  
[tim.bojeczko@dignityhealth.org](mailto:tim.bojeczko@dignityhealth.org)

FEDERAL TAX ID # 23-7153876

*Thank you for your support of our healthcare mission*