

Healthcare Foundation at Glendale Adventist Medical Center 27th Annual Golf Classic

Monday, September 20, 2010

Angeles National Golf Club

SPONSORSHIP – All sponsors receive recognition on the hospital website and in other print media.

UNDERWRITER SPONSOR - \$15,000

- Logo included on invitations and in other tournament advertising
- Two foursomes, including preferred tee-off, reserved banquet seating and 8 additional dinner guests
- Inside front cover of program book
- LeaderBoard scorecard and golf cart sponsorship
- Golf Cart GPS Recognition

TRENDSSETTER SPONSOR - \$10,000

- Two foursomes, including preferred tee-off and reserved banquet seating
- Back cover of program book
- Contest sponsorship, which includes additional signage
- Golf Cart GPS Recognition

PACESETTER SPONSOR - \$5,000

- One foursome
- Full-page recognition in program book
- Contest sponsorship, including additional signage
- Golf Cart GPS Recognition

EVENT SPONSOR - \$3,000

- One foursome
- Half-page recognition in program book
- Golf Cart GPS Recognition

CORPORATE SPONSOR - \$1,500

- One twosome
- Half-page recognition in program book
- Tee sign

YOUTH CLASSIC SPONSOR - \$1,500

- Sponsorship of two high school students
- Half-page recognition in program book
- Tee sign

DONATIONS

Please accept a general donation of: \$ _____

\$2,500 – Buffet Dinner Sponsor

\$1,500 – Barbecue Lunch Sponsor

\$1,000 – Putting Contest Sponsor

\$1,000 – Inside the Circle Sponsor

\$1,000 – Hole-in-One Sponsor

\$750 – Closest-to-the-Pin Sponsor

\$750 – Longest Drive Sponsor

\$750 – Straightest Drive Sponsor

\$500 – Tee Sign Sponsor

\$300 – Green Sign Sponsor

PROGRAM BOOK ADVERTISEMENTS

\$1,000 – Full-Page Ad (8" x 10")

\$500 – Half-Page Ad (8" x 5")

\$250 – Quarter-Page Ad (4" x 5")

ADDITIONAL DINNER GUESTS

\$50 per person # of Guests _____

Guest Name(s) _____

INDIVIDUAL GOLFER(S)

Please reserve ____ player spots at \$500 each (\$400 each for paid registration by August 31).

All golfers receive a tee prize, goody bag, barbecue lunch, and buffet dinner.

Name _____ Company _____

Address _____ Sponsor name listing _____

City, State, Zip _____

Phone _____ E-mail _____

Amount Paying \$ _____ Paying by Check (Healthcare Foundation) _____ Paying by Credit Card _____

Card # _____ Visa _____ MasterCard _____ Discover _____ AMEX _____

Signature _____ Expiration Date _____ CVC _____

Mail to: Healthcare Foundation at GAMC, 1509 Wilson Terrace, Glendale, CA 91206. Credit card reservations may be faxed to 818/546-5655. For more information, call Gayle Craig at 818/409-3513 or e-mail craiggm@ah.org. Tax ID #95-3899682