

St. Vincent Medical Center Foundation Charity Golf Classic

Wilshire Country Club, October 19, 2009

“Early bird” sponsors who return the sponsorship Early Bird Commitment Form by **May 1, 2009** will qualify for the same sponsorship pricing as last year. As an early bird sponsor you will also be:

- featured in our pre-event promotional activities; and
- have first choice on specific sponsorship categories

Early Bird Commitment Form

Yes! I would like to take advantage of the Early Bird Benefits and make a commitment to support the 9th Annual Golf Classic.

Please check appropriate sponsorship(s):

- | | |
|---|----------|
| _____ Title Sponsor | \$25,000 |
| _____ Presenting Sponsor (multiple available) | \$15,000 |
| _____ Major Tee Gift Sponsor (5 available) | \$10,000 |
| _____ Caddie Sponsor | \$ 8,000 |
| _____ Host Sponsor (please select recognition preference) | \$ 5,500 |
| <input type="checkbox"/> Sign Sponsor-company recognition on all signage at the tournament | |
| <input type="checkbox"/> Reception Sponsor-company recognized by MC at awards dinner | |
| <input type="checkbox"/> Golf Cart Sponsor-company recognized on golf carts used at event (2 available) | |
| <input type="checkbox"/> Golf Club Sponsor-company recognized on golf clubs given at event | |
| <input type="checkbox"/> Photography Sponsor-company name/logo on all photo frames | |
| <input type="checkbox"/> Lunch Sponsor-company recognized on signage at two lunch locations | |
| <input type="checkbox"/> Awards Sponsor-company recognized on signage at awards dinner | |
| <input type="checkbox"/> Cocktail Reception Sponsor-company recognized on signage at cocktail reception | |
| _____ Executive Sponsor | \$ 4,500 |

NON-GOLF SPONSORSHIPS

- | | | | |
|-----------------------------|----------|---------------------------------|--------|
| _____ Tee Box Sponsor | \$ 1,500 | _____ Awards Dinner Ticket | \$ 100 |
| _____ Par 3 Contest Sponsor | \$ 1,000 | _____ Half-Page Acknowledgement | |
| _____ Tee/Green Sponsor | \$ 500 | _____ in Event Program | \$ 500 |

_____ I can't play but I want to participate - enclosed is my donation

Company Name _____

Contact Person _____ Email _____

Telephone _____ Mailing Address _____

City _____ State _____ Zip _____

PAYMENT INFORMATION **SEE REVERSE**

Please return the form to: **St. Vincent Foundation**

2222 Ocean View Ave., Suite 114, Los Angeles, CA 90057

Phone (213) 484-7209 FAX (213) 484-5323 Email: karenthomas@dochs.org



PAYMENT INFORMATION

Invoice:

_____ Please send me an invoice for \$_____

*Payment must be received by 09/19/09 to secure your playing spots

Check:

Enclosed is my check for \$_____ made payable to: **St. Vincent Medical Center Foundation**

Credit Card:

Please charge my credit card \$_____

AMEX_____ Discover_____ MasterCard_____ VISA_____

Name on Card_____

Acct. No. _____

Exp. Date _____

Signature _____

St. Vincent Foundation is a 501(c)(3) tax exempt Federal ID # 95-3922511.

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Contact: Karen Thomas, Director of Annual Giving

