

Referred by: (Committee Member) _____

11th Annual Phoenix Children's Hospital Golf Tournament

For committee use only

Date Received: _____ by: _____

Date Payment Received: _____

Date Confirmation Letter Sent: _____

SPONSORSHIP PAYMENT FORM

Company or Foursome Host: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone Number: (cell) _____ (office) _____ (fax) _____

Email: _____

*Once your form is received, a sponsorship confirmation letter will be emailed to the above address.

RECOGNITION: Please be specific as to how you wish to be recognized. For Example: XYZ Corporation or Mr. John Doe

SPONSORSHIP OPTIONS *Please check all that apply*

- \$55,000 Title Sponsor*
- \$35,000 Tee Gift Sponsor*
- \$20,000 Presenting Sponsor*
- \$10,000 Driving Range Sponsor*
- \$10,000 Golf Course Sponsor*
- \$ 7,000 Eagle Scout Sponsor*
- \$ 3,500 Foursome and Tee Sign*
- \$ 3,000 Foursome*

*Sponsorship includes one or more foursome(s)

UNDERWRITING OPTIONS *Please check all that apply*

- \$10,000 Awards Banquet Sponsor*
- \$10,000 19th Hole Cocktail Party Sponsor*
- \$10,000 Beverage Sponsor*
- \$10,000 Lunch Sponsor*
- \$10,000 Valet Sponsor*
- \$ 3,000 Hole Activities Sponsor
- \$ 2,000 Caddy Underwriting Sponsor
- \$ 500 Gold Tee Sign Sponsor
- \$ 250 Silver Tee Sign Sponsor

PAYMENT INFORMATION *Limited space available. Placement will be determined in the order of payments received.*

I cannot attend the event, but would like to make a tax-deductible donation in the amount of \$ _____.

I have enclosed a check for payment made payable to Phoenix Children's Hospital.

Please send an invoice for my sponsorship. *Invoices will be emailed to the address listed above.

I would like to pay by credit card Visa MasterCard American Express Discover

Credit Card # _____ Exp. Date _____

Total Amount \$ _____ Name as it appears on credit card _____

Mailing Address for credit card _____

*If payment is made by credit card, letter stating tax deductibility will be sent to billing address for credit card.

PLAYER INFORMATION *Please Print. For multiple foursomes, copy form as needed.*

Team Name _____

Player #1 Name _____ Email Address: _____

Player #2 Name _____ Email Address: _____

Player #3 Name _____ Email Address: _____

Player #4 Name _____ Email Address: _____

Please Return Form To:

Phoenix Children's Hospital Foundation
2929 East Camelback Road, Suite 122, Phoenix, AZ 85016
Fax: 602-546-2644 or Email: jreiman@phoenixchildrens.com



For questions about sponsorship packages or underwriting opportunities,
please contact Janet Reiman, PCH Foundation, at 602-546-2652