

# SPONSORSHIP OPPORTUNITIES

## GOLD SPONSOR • \$5,000

4 Golfers

Quarter page program ad

Ad display at the event

Sponsorship recognized in the program

Logo featured on event website and materials

Hole signs

## SILVER SPONSOR • \$2,500

4 Golfers

Quarter page program ad

Ad display at the event

Logo on event website

## HOLE SPONSOR • \$1,000

Logo sign on one hole

Logo in program

Logo on event website

## SINGLE GOLFER • \$400

## DINNER GUEST • \$75

# REGISTRATION

Please return by May 13, 2024.

Company: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Sponsorship Choice: \_\_\_\_\_

### Golfers:

1. Name: \_\_\_\_\_

Staying for Dinner:  Yes  No

2. Name: \_\_\_\_\_

Staying for Dinner:  Yes  No

3. Name: \_\_\_\_\_

Staying for Dinner:  Yes  No

4. Name: \_\_\_\_\_

Staying for Dinner:  Yes  No

Number of Dinner Guests Only: \_\_\_\_\_

### Payment Information:

Cardholder's Name: \_\_\_\_\_

Card Type:  Visa  MC  Amex  Discover

Card #: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Verification Code: \_\_\_\_\_

Amount Enclosed/Pledged: \_\_\_\_\_

### Make Checks Payable To:

Ann Silverman Community Health Clinic  
595 W. State Street, Doylestown, PA 18901

For more information or to register by phone,  
call Lisa Kaplan at (215) 345-2185 or email  
[lkaplan@dh.org](mailto:lkaplan@dh.org).