

Golf Sponsorship & Players

wwgh.com/giving

Contact Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Sponsorship Levels

- | | |
|---|---|
| <input type="checkbox"/> \$10,000 Presenting Sponsor — \$8,296 tax deductible
<i>12 golf registrations and 24 Awards Dinners</i> | <input type="checkbox"/> \$7,500 Tournament Sponsor — \$6,364 tax deductible
<i>8 golf registrations and 16 Awards Dinners</i> |
| <input type="checkbox"/> \$5,000 Club Sponsor — \$4,148 tax deductible
<i>6 golf registrations and 12 Awards Dinners</i> | <input type="checkbox"/> \$2,500 Major Sponsor — \$1,932 tax deductible
<i>4 golf registrations and 8 Awards Dinners</i> |
| <input type="checkbox"/> \$1,000 + prize H-I-O Sponsor — \$574 tax deductible
<i>3 golf registrations and 6 Awards Dinners</i> | <input type="checkbox"/> \$1,000 Hole Sponsor — \$716 tax deductible
<i>2 golf registrations and 4 Awards Dinners</i> |
| <input type="checkbox"/> \$500 Partner Sponsor — \$358 tax deductible
<i>1 golf registration and 2 Awards Dinners</i> | <input type="checkbox"/> \$150 Cart Sponsor — \$128 tax deductible
<i>1 Awards Dinner</i> |

Sponsor Name (as you would like it to appear on the program):

- Please include my logo on the event's website, wwgh.com/golf and in other acknowledgments.
*I will e-mail a high-quality JPEG or TIFF file of my logo to **CressJC@ah.org** for this purpose.*

Please link the logo to my web address: _____

Promotional Items

I plan to place promotional item(s) in each golfer's bag (approximately 224 golfers):

No Yes — *Please Describe Items:* _____

Golfer Information

- | | |
|--|---|
| <input type="checkbox"/> I plan to stay for the Awards Dinner | <input type="checkbox"/> Please place me on a team |
| <input type="checkbox"/> I plan to play in the golf tournament | <input type="checkbox"/> I have agreed to play on a team
<i>Team leader:</i> _____ |

Individual Players or Teams

- | | |
|---|--|
| <input type="checkbox"/> Morning — 18 holes, \$165 — # of Golfers _____ | <input type="checkbox"/> Afternoon— 18 holes, \$195 — # of Golfers _____ |
| <input type="checkbox"/> Both Flights —36 holes, \$295 — # of Golfers _____ | |

Golfer Information #1 - Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

- | | | | | |
|---------------------------------------|--|------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Fee Included in Sponsorship | Planning to Stay for Awards Dinner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Fee Enclosed | | | |
| <input type="checkbox"/> Both Flights | <input type="checkbox"/> Will Pay Own Fee | Handicap_____ (or complete below) | | |

Score for Last 18 Holes Played: _____ Last Course Played: _____

Golfer Information #2 - Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

- | | | | | |
|---------------------------------------|--|------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Fee Included in Sponsorship | Planning to Stay for Awards Dinner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Fee Enclosed | | | |
| <input type="checkbox"/> Both Flights | <input type="checkbox"/> Will Pay Own Fee | Handicap_____ (or complete below) | | |

Score for Last 18 Holes Played: _____ Last Course Played: _____

Golfer Information #3 - Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

- | | | | | |
|---------------------------------------|--|------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Fee Included in Sponsorship | Planning to Stay for Awards Dinner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Fee Enclosed | | | |
| <input type="checkbox"/> Both Flights | <input type="checkbox"/> Will Pay Own Fee | Handicap_____ (or complete below) | | |

Score for Last 18 Holes Played: _____ Last Course Played: _____

Golfer Information #4 - Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

- | | | | | |
|---------------------------------------|--|------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Fee Included in Sponsorship | Planning to Stay for Awards Dinner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Fee Enclosed | | | |
| <input type="checkbox"/> Both Flights | <input type="checkbox"/> Will Pay Own Fee | Handicap_____ (or complete below) | | |

Score for Last 18 Holes Played: _____ Last Course Played: _____

Other Items

- Awards Dinners — \$30 per Guest _____ Number of Dinners
These are in addition to the ones included in sponsor and player fees
- Super Ticket — \$30 per Guest (1 per golfer, \$50 value)
Includes the following: Mulligan, Putting Contest, Chip-N-Challenge Contest & Special KP
- Mulligan — \$20 (Limit 1)
- Putting Contest — \$10 (Unlimited) _____ Number of Tickets
- Chip-N-Challenge Contest — \$10 (Unlimited) _____ Number of Tickets
- Special KP — \$10 (Limit 1)

Additional Gift

This gift is 100% tax deductible. Donations will be used for the patient room renovations project.

Contribution: \$ _____

Payment Information

- Check Enclosed Credit Card – *Check One:* Visa MasterCard American Express Discover

Name on Card: _____ Expires: ____/____

Card Number: _____ Security Code: _____

Signature: _____ Total Charge: \$ _____ Date: _____

Print Form & Mail to:

Walla Walla General Hospital Foundation

P.O. Box 1398
Walla Walla, WA 99362

Please call the Walla Walla General Hospital Foundation at **509-527-8303** or send an e-mail to **WWGHGiving@ah.org** if you have any questions about the use of this form or any aspect of the hospital's fund raising program.

Comments:
