



THE WESTERLY HOSPITAL FOUNDATION

23rd Annual Benefit Golf Tournament

Monday September 26, 2011 at The Stonington Country Club
Registration: 11:00 A.M. Shotgun Start: 12:30

Sponsorship Opportunities

Event Sponsor

\$5,000

- Premiere Recognition in all publications and throughout the event
- Tournament fees for eight players
- Opportunity to distribute your company giveaway

Reception Sponsor

\$3,500

- Prominent recognition during our post-tournament reception
- Tournament fees for eight players
- Opportunity to display your company's signage & distribute your company giveaway

Registration Sponsor

\$2,500

- Recognition at our registration station
- Tournament fees for four players
- Opportunity to display your company's signage & distribute your company giveaway

Giveaway Sponsor

\$2,500

- Recognition as our gifts sponsor
- Tournament fees for four players
- Opportunity to distribute your company giveaway

Lunch Sponsor

\$2,500

- Recognition as provider of lunch
- Tournament fees for four players
- Opportunity to distribute your company giveaway

Beverage Sponsor

\$2,000

- Recognition as the provider of beverages on the course & the sponsor of the drink tickets
- Tournament fees for four players
- Opportunity to distribute your company giveaway

Golf Cart Sponsor

\$2,000

- Recognition as provider of golf carts
- Tournament fees for four players
- Opportunity to distribute your company giveaway

Raw Bar Sponsor

\$2,000

- Recognition as provider of the raw bar
- Tournament fees for four players
- Opportunity to distribute your company giveaway

Double Gold Sponsor

\$1,000

- Tournament Fees for four players
- Recognition as a Double Gold Sponsor in all event publications

Gold Sponsor

\$500

- Tournament fees for two players
- Recognition as a Gold Sponsor in all event publications

Tournament Patron

\$100

- Fully tax deductible gift

Players please let us know your vest size by September 1, 2011

Yes! I/we want to be a/an _____ Sponsor!

Contact Name: _____

Contact Phone: _____

Company Name: _____

(Name as it is to appear in advertising)

Enclosed is my check for: \$ _____

Please put it on my credit card: (Please check one)

____ Visa ____ MasterCard ____ AMEX

Card Number: _____

Exp. Date (Month/Year): _____

Card holder's name: _____

Card holder's signature: _____

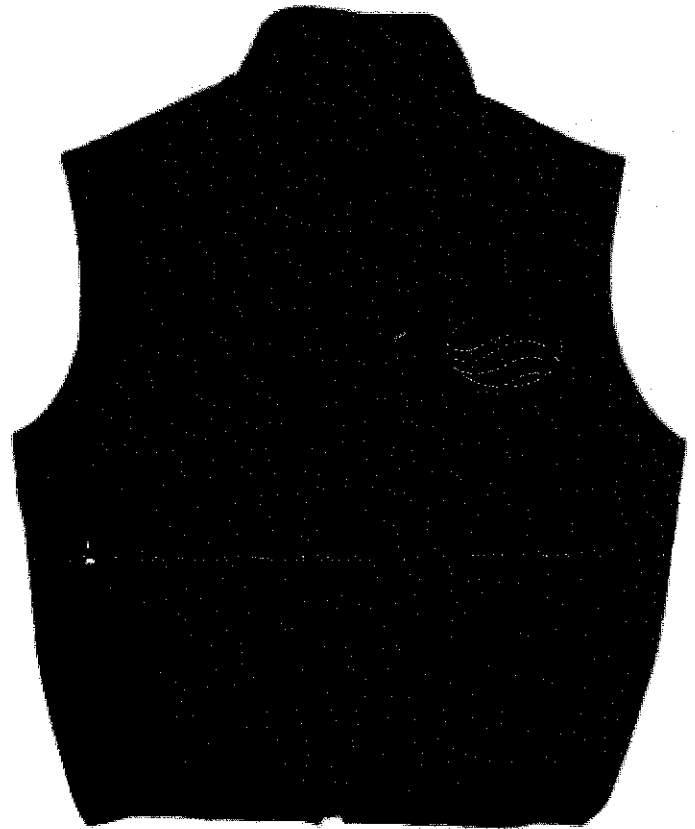
Please make checks payable to **The Westerly Hospital Foundation**, 25 Wells Street, Westerly, RI 02891.

Additional players: \$250 per player. After play reception guests: \$50

Please send your vest size
before September 1, 2011



Ladies Fleece
Vest



Men's Fleece
Vest