

Sponsorship Confirmation

Yes, I/we are interested in sponsorship for the **31st CHARITY GOLF CLASSIC** at the following level:

- | | | | |
|--|----------|--|------------------|
| <input type="checkbox"/> Platinum Sponsor | \$5,000+ | <input type="checkbox"/> Hole-In-One Sponsor | Call for Details |
| <input type="checkbox"/> Gold Sponsor | \$2,500 | <input type="checkbox"/> Beverage Sponsor | Call for Details |
| <input type="checkbox"/> Silver Sponsor | \$1,250 | <input type="checkbox"/> Prize/Auction Sponsor | *Details Below |
| <input type="checkbox"/> Copper Hole Sponsor | \$500 | | |

* I/we would like to donate a prize(s)/auction item(s): _____ Value\$_____

Description: _____

I/we would like to register*:

- Foursome @ \$700 **OR** Individual golfer(s) @ \$175/each = \$ _____

MULLIGANS 3 for \$20 (max. 4 per team): _____ set(s) of Mulligans x \$20 = \$ _____

Early Bird deadline: (2) Early Bird Prizes – register by **Friday, May 10** to have a chance to win!

More Prizes! Wear something “Superhero” themed to be eligible for prizes.

To confirm your sponsorship or donation, email the following information to lchfoundation@ahs.ca or contact Colleen (780) 980-4536. **Sponsors will be invoiced accordingly.**

Company/Organization: _____

Authorized by (Name): _____

Billing Address: _____

City: _____ Postal Code: _____ Email: _____

Phone: _____ Cell phone: _____

Payment Options:

1. Registrations/sponsorships may also be confirmed and paid by credit card by contacting our office directly.
2. Make cheques payable to “Leduc Community Hospital Foundation” and mail to:
4210 –48 Street, Leduc, AB T9E 5Z3 or contact LCHF for pickup.
3. Questions, inquiries or to pay by credit card, please email lchfoundation@ahs.ca or contact Colleen Zimmerman (Exec. Director) @ (780) 980-4536.

It is standard policy that all payments be made prior to the event. Thank you.

Golfer Information

1st Member/Team Contact:

Name: _____ Dietary Restrictions**

Business/Organization: _____

Address: _____ City: _____ Phone Number: _____

Email: _____ Subscribe to Be Well Bulletin

2nd Member

Name: _____ Dietary Restrictions**

Business/Organization: _____

Address: _____ City: _____ Phone Number: _____

Email: _____ Subscribe to Be Well Bulletin

3rd Member:

Name: _____ Dietary Restrictions**

Business/Organization: _____

Address: _____ City: _____ Phone Number: _____

Email: _____ Subscribe to Be Well Bulletin

4th Member:

Name: _____ Dietary Restrictions**

Business/Organization: _____

Address: _____ City: _____ Phone Number: _____

Email: _____ Subscribe to Be Well Bulletin

****Dietary Restrictions – please contact LCHF office to provide details.**

*Thank you for your participation in the Foundation's 31st Charity Golf Classic.
See you on the links!*