

SPONSORSHIP OPPORTUNITIES FOR BIRDIES FOR BLUE

BIRDIES FOR BLUE CHARITY GOLF TOURNAMENT

Thursday, September 30, 2021 High Meadow Ranch Golf Club

TOMAGWA
HealthCare Ministries

**BIRDIES
FOR
BLUE**

SUPPORTING PROSTATE CANCER AWARENESS

☐ TITLE SPONSOR - \$10,000

- Four Golf Teams (16 Players) and 64 Mulligans
- Four Hole Sponsorships
- Cart Sponsorship (logo on Cart Cards)
- Company Spotlight at event
- Logo on advertisements and event banner
- Social media recognition

☐ SILVER SPONSOR - \$5,000 (4 Available)

- Two Golf Teams (8 Players) and 32 Mulligans
- Two Hole Sponsorships
- Company listed as sponsor in booklet
- Premier seating at Dining Events
- Logo on advertisements and event banner
- Social media recognition

2 LEFT!

☐ GOLD SPONSOR - \$7,500 (2 Available)

- Three Golf Teams (12 Players) and 48 Mulligans
- Three Hole Sponsorships
- Minor Company spotlight at event
- Cart Sponsorship (logo on Cart Cards)
- Logo on advertisements and event banner
- Social media recognition

☐ BRONZE SPONSOR - \$2,500 (6 Available)

- One Golf Team (4 Players) and 16 Mulligans
- One Hole Sponsorship
- Company listed as sponsor in booklet
- Priority seating at Dining Events
- Logo on advertisements and event banner
- Social media recognition

1 LEFT!

☐ Dinner Sponsor - \$2,000

☐ All Par 3's Sponsor - \$1,500

☐ Awards Sponsor - \$1,500

☐ Drinks Sponsor - \$1,500

☐ Lunch Sponsor - \$1,000 **SOLD**

☐ Gift Sponsor - \$1,000

☐ Snack Sponsor - \$500

☐ ~~Beverage Cart Sponsor - \$500~~ **SOLD**

☐ Photography Sponsor - \$500

☐ ~~Hole in One Sponsor - \$500~~ **SOLD**

☐ T-Shirt Sponsor - \$2500

☐ Hole Sponsor - \$150

☐ Hole Sponsor- 2 for \$250

☐ ~~Long Drive Sponsor - \$250~~ **SOLD**

☐ ~~Super Raffle Sponsor - \$300~~ **SOLD**

☐ ~~Putting Green Sponsor - \$250~~ **SOLD**

I am unable to attend but would like to support TOMAGWA with a gift of: \$ _____

PAYMENT/ REGISTRATION INFORMATION

Name/ Primary Contact: _____

Organization Name: _____

Email: _____ Phone: _____

Address: _____

☐ Check enclosed made payable to TOMAGWA HealthCare Ministries.

☐ Please charge my credit card in the amount of \$ _____

☐ VISA ☐ AMEX ☐ Master Card ☐ Discover

Name on Card: _____ Card Number: _____

Exp. Date : _____ CVC : _____ Zip Code : _____

Signature: _____