

2019 Golf Classic

SPONSORSHIP AGREEMENT



27th Annual Golf Classic



ONE day –THREE courses
Thursday, September 5, 2019 ~ Turning Stone Resort, Verona, NY

Golf Sponsorship Level / Amount: _____
Course preference: **Shenendoah** _____ **Kaluhyat** _____
Atunyote (additional \$125 per player- limited availability) _____

Total Contribution: _____

THANK YOU FOR YOUR SUPPORT!

SPONSOR INFORMATION

Organization Name: _____
(Exactly as you wish it to appear in the printed program).

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Authorized Signature: _____ Date: _____

(REQUIRED-Signature indicates authorization to make this commitment on behalf of the above mentioned organization).**

PAYMENT INFORMATION

_____ Please invoice me (payment due by August 30, 2019)

- **St. Joseph's Health Foundation Tax ID # is: 22-2149775**
- **Please make checks payable to: St. Joseph's Health Foundation**
- **Pay by Visa, MasterCard, American Express or Discover**

Name (exactly as it appears on card): _____ CVN: _____ Expires: _____

Card #: _____ Signature: _____