

2017 Special Events

SPONSORSHIP AGREEMENT



EVENT INFORMATION



26th Annual Gala Dinner Dance
Friday, June 2, 2017
Turning Stone Resort

25th Annual Golf Classic
ONE day –THREE courses
Friday, September 8, 2017
Turning Stone Resort

Gala Sponsorship Amount: _____

Golf Sponsorship Amount: _____

Course preference: **Shenendoah** _____ **Kaluhyat** _____

Atunyote (additional \$125 per player- limited availability) _____

Total Contribution: _____

Thank you for your generous support!

SPONSOR CONTACT INFORMATION

Organization: _____

(Exactly as you wish it to appear in the printed program)

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Authorized Signature: _____ Date: _____

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

PAYMENT INFORMATION

_____ Please invoice our contribution to the contact information above (payment due prior to each event)

- 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 on card: _____ Card Number: _____

Expiration Date: _____ Signature: _____