

2017 Golf Classic
SPONSORSHIP AGREEMENT



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

Proceeds to benefit St. Joseph's Health's Cardiovascular Center.

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

Total Contribution: _____

THANK YOU FOR YOUR SUPPORT!

SPONSOR CONTACT INFORMATION

Organization Name: _____
(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 mentioned company).**

PAYMENT INFORMATION

_____ Please invoice our contribution to the contact information above (payment due by Sept. 2, 2016)

- 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: _____

Expires: _____ Signature: _____

