MVHS Foundation & Bank of America

presents the





We will celebrate the conclusion of our day of golf with a cocktail reception featuring delicious and substantial hors d'oeuvres, to be enjoyed with an open bar.

☐ Course Sponsorship - \$10,000

- Signage recognition on the course, during the program and on the entrance sign
- Field of eight players (two teams) in the Golf Outing (includes lunch for each player)
- Golfer gifts for each player (eight)
- First choice of a.m./p.m. tee times.

☐ Putting Contest Sponsorship - \$6,000

- Signage recognition at the putting green
- One tee sign on course, recognition during the program and on the entrance sign
- Field of four players (one team) in the Golf Outing (includes lunch for each player)
- Golfer gift for each player (four)
- First choice of a.m./p.m. tee times.

☐ Cocktail Hour Sponsorship - \$5,000

- Signage recognition during the cocktail hour
- Recognition during the program and on the entrance sign
- One tee sign on the course
- Field of four players (one team) in the Golf Outing (includes lunch for each player)
- Golfer gift for each player (four)
- First choice of a.m./p.m. tee times.

☐ Lunch Sponsorship - \$4,000

- Signage recognition during lunch, recognition during the program, on the entrance sign and one tee sign on the course
- Field of four players (one team) in the Golf Outing (includes lunch for each player)
- Golfer gift for each player (four)

☐ Hole Sponsorship - \$3,000

- One tee sign on course and recognition during the program
- Field of four players (one team) in the Golf Outing (includes lunch for each player)
- Golfer gift for each player (four).

Please contact us by Friday, August 4, 2023.

For information on playing in the event, please contact Joanna McNamara at **315-624-5453** or **Jmcnama1@mvhealthsystem.org.**

Please fax completed form to 315-624-5737, email Jmcnama1@mvhealthsystem.org or mail to:

Mohawk Valley Health System Foundation 1676 Sunset Ave, Utica, NY 13502

Expiration Date ___

CV Code (3 digits on back of credit card) ___

Tee times will be assigned on a first come, first served basis.

| Company Name |
|--|
| Contact Person |
| Address |
| City, State, Zip |
| Phone Number |
| Email Address |
| Print your name or company name as you want it to appear on your tee sign. |
| □ Enclosed is my check payable to: MVHS Foundation |
| Please charge to my: □ MasterCard □Visa □Discover □American Express |
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