

Golisano Children's Hospital 2024 Golf Classic Sponsor Opportunities

Monday, September 9, 2024
Monroe Golf Club, and Oak Hill West & East Course



**The 'IRS goods and services' non-tax deductible amount per foursome is \$1,700 if playing at Monroe, and \$2,700 playing at Oak Hill East and West.*

PRESENTING SPONSOR

\$30,000

- Four Foursomes (Two at Oak Hill East & two at Oak Hill West or Monroe)
- Company logo prominently displayed on all printed materials and on all participant giveaways
- Company name listed on website
- Full page color recognition on inside front or back cover and company listed as presenting sponsor on program cover
- Name listed as presenting sponsor on all signage including, tee signs, major sponsor banner, dinner table tents
- Commemorative plaque
- Name listed in Strong Kids newsletter (circ. 14,000)

GOLD (DINNER) SPONSOR

\$12,000

- Two foursomes (One at Oak Hill East & one at Oak Hill West or Monroe)
- Full page color recognition in tournament program
- Name listed on sponsor sign, tee sign, major sponsor banner, and dinner table tents
- Name listed in Strong Kids newsletter (circ. 14,000)

LUNCH or 19th HOLE SPONSOR

\$5,800	\$6,200	\$6,500
Monroe	Oak Hill West	Oak Hill East

- One foursome
- Full page color recognition in tournament program
- Name listed on sponsor sign and tee sign displayed at tournament
- Company name listed on lunch signage
- Name listed in Strong Kids newsletter (circ. 14,000)

WHITE SPONSOR

\$4,000	\$4,500	\$5,200
Monroe	Oak Hill West	Oak Hill East

- One foursome (*Limited to one foursome per company on East Course*)
- Name listed in tournament program
- Name listed on sponsor sign displayed at tournament

PLATINUM SPONSOR

\$18,000

- Three foursomes (One at Oak Hill East & two at Oak Hill West or Monroe)
- Full page color recognition and company listed as major sponsor on program cover
- Name listed as platinum sponsor on sponsor sign, tee signs, major sponsor banner, dinner table tents
- Commemorative plaque
- Name listed in Strong Kids newsletter (circ. 14,000)

SILVER SPONSOR

\$10,500

- Two foursomes (One at Oak Hill East & one at Oak Hill West or Monroe)
- Full page color recognition in tournament program
- Name listed on sponsor sign and tee sign displayed at tournament
- Name listed in Strong Kids newsletter (circ. 14,000)

BLUE SPONSOR

\$4,500	\$5,000	\$5,500
Monroe	Oak Hill West	Oak Hill East

- One foursome
- Half page color recognition in tournament program
Name listed on sponsor sign and tee sign displayed at tournament
- Name listed in Strong Kids newsletter (circ. 14,000)

TEE SPONSOR

\$1,000

- Company name displayed on tee at the event
- Name listed on sponsor sign displayed at tournament
- Listing in tournament program

11am - Lunch & Registration

12:15pm - Shotgun start

***Dinner immediately following play at Monroe Golf Club
(approximately 5pm)**

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Yes, I will support the Golisano Children's Hospital Classic Golf Tournament to be held at Oak Hill East, Oak Hill West, & Monroe Golf Club on Monday, September 9, 2024 as follows:

- | | |
|--|--|
| <input type="checkbox"/> \$30,000 PRESENTING
<input type="checkbox"/> \$12,000 GOLD/DINNER
<input type="checkbox"/> \$5,800/\$6,200/\$6,500 LUNCH
Monroe West East | <input type="checkbox"/> \$18,000 PLATINUM
<input type="checkbox"/> \$10,500 SILVER
<input type="checkbox"/> \$4,500/\$5,000/\$5,500 BLUE
Monroe West East |
| <input type="checkbox"/> \$4,000/\$4,500/\$5,200 WHITE
Monroe West East | <input type="checkbox"/> \$1,000 TEE |

**The 'IRS goods and services' non-tax deductible amount per foursome is \$1,700 if playing at Monroe, \$2,700 at Oak Hill West & East.*

(Reservations recommended by July 1, 2024. Foursomes will be scheduled on a first come, first serve basis)

Course Preference: Oak Hill East Oak Hill West Monroe

Business Name: _____

Contact Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- Check Enclosed (Make payable to Golisano Children's Hospital)
- Please bill me
- Please charge my credit card (Mastercard, Visa, Discover, Amex)

Name on Card: _____

Card #: _____ Exp. Date: _____

Protecting your sensitive information is a high priority. To pay by credit card, please call (585) 208-3546.

*Presenting, Platinum, Gold, Silver, Lunch, Blue and White Sponsor: Please fill in names of the

golfers in your foursome(s): 1. _____ 2. _____
3. _____ 4. _____

MAIL or EMAIL to Betsy Findlay
Golisano Children's Hospital at URM
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Rochester, NY 14627

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