



Noyes Health Auxiliary is a group of dedicated volunteers whose primary goal is to conduct fundraising projects and donate the proceeds to Noyes Health. The leading source of revenue is the Spice Box Gift Shop located in the hospital lobby.

The generosity of those who support the Spice Box and other fundraisers, such as the Chip in Fore Noyes Golf Tournament, has enabled us to make the following donations to Noyes Health:

- **2019—\$60,000** partial payment for a portable x-ray machine. Purchased eight cell phone charging stations.
- **2018—\$48,000** to complete our 2014 pledge of \$305,000 for the Mary Saunders Beiermann Emergency Department; \$20,000 was set aside for Spice Box equipment replacement.
- **2017—\$60,500** for the Mary Saunders Beiermann Emergency Department and \$2,500 for the Ann and Carl Myers Cancer Center.
- **2016—\$65,500** for the Mary Saunders Beiermann Emergency Department and \$2,500 for the Ann and Carl Myers Cancer Center.
- **2015—\$56,500** for the Mary Saunders Beiermann Emergency Department; \$10,000 was held in reserve for the Spice Box Gift Shop computer program.

In addition to fundraising projects, the Noyes Health Auxiliary provides up to \$5,300 annually for scholarships to graduating high school students entering the healthcare field.

Noyes Health Auxiliary also provides ice cream sundaes to Noyes Health employees each May to celebrate Hospital Week.

**We appreciate your support and we hope
you will join the fun this July 20th!**



www.noyeshealth.org

Chip in Fore Noyes

To benefit Noyes Health

Monday
July 20, 2020

Fairview Golf Course
2419 Avon Geneseo Road
Avon, NY 14414
585-226-8210
www.farviewgc.com

Sponsored by:
Noyes Health Auxiliary



giving is not just about
making a donation.

it is about making a difference.

- Kathy Calvin

Sponsorship Opportunities

Executive Sponsor \$1,500

Recognized on the front page of tournament program, in tournament advertising, at registration/meal area, and one hole sign.

Receive two foursomes for golf, hot dogs at the turn, and dinner.

Corporate Sponsor \$1,000

Recognized in tournament program, tournament advertising, at registration meal area, and one hole sign. Receive one foursome for golf, hot dogs at the turn, and dinner.

Gold Sponsor \$500

Recognized in tournament program, tournament advertising, and one hole sign. Receive one foursome for golf, hot dogs at the turn, and dinner.

Silver Sponsor \$250

Recognized in tournament program, tournament advertising, and one hole sign. Receive two golfers for golf, hot dogs at the turn, and dinner.

Hole Sponsor \$100

Recognized in tournament program, tournament advertising, and one hole sign.

**You can also make a difference by
donating a custom amount!**

For Noyes Auxiliary to meet their commitment to Noyes Health, please be as generous as possible when you consider your sponsorship level.

Tournament Package includes:

- ✓ Golf cart and 18 hole greens fees
- ✓ Men's, Woman's, Mixed Divisions
- ✓ Scramble format
- ✓ Buffet dinner
- ✓ Awards and prizes
- ✓ Contests: Hole in One, Longest Drive, Closest to Pin

\$75 per golfer

Dinner guests \$20

Registration and payment/deposit due
by **July 1, 2020.**

REGISTRATION FORM

Please mail completed form to Noyes Health Auxiliary Chip in Fore Noyes—111 Clara Barton Street—Dansville, NY 14437
Make checks payable to Noyes Health Auxiliary—Direct questions to Becky Bowen at rbowen@noyeshealth.org or 585-905-9106

| Sponsorship Opportunities | | |
|--|--|---------|
| <input type="checkbox"/> Executive Sponsor | | \$1,500 |
| <input type="checkbox"/> Corporate Sponsor | | \$1,000 |
| <input type="checkbox"/> Gold Sponsor | | \$500 |
| <input type="checkbox"/> Silver Sponsor | | \$250 |
| <input type="checkbox"/> Hole Sponsor | | \$100 |
| <input type="checkbox"/> I will make a donation of \$ _____ | | |
| <input type="checkbox"/> I will donate door prizes (email rbowen@noyeshealth.org) | | |
| Number who will attend the dinner _____ | | |
| Number of golfers at \$75 each \$ _____ | | |
| Minimum \$20 deposit required for player balance due day of tournament. | | |
| Total Enclosed: \$ _____ | | |

| | | |
|---|----------|----------|
| Golfers | 1) _____ | 2) _____ |
| | 3) _____ | 4) _____ |
| Division | Men | Women |
| Contact Person | _____ | |
| Email | _____ | |
| Phone | _____ | |
| Address | _____ | |
| City, State, Zip | _____ | |
| Business name as it will appear for publicity: | _____ | |