

Monday, June 22, 2009
Lakewood Oaks Golf Club

2009 UNDERWRITING BENEFITS

St. Mary's Golf Classic

_____ **Title Sponsor, \$10,000**

Major event sponsor • 8 golfers • Company name or logo on shirts and other materials • Recognition in all press releases

_____ **Course Contributor \$5,000**

8 Golfers • Your name prominently displayed during the event • Recognition in all press releases, event publicity and program

_____ **Tee Box Benefactor \$2,500**

4 Golfers • Your name prominently displayed during the event • Recognition in event program

3 raffle tickets, golfer gift bag, lunch & evening reception for each golfer included in the above packages.

_____ **Green Sponsor \$1,400**

4 Golfers • Recognition in event program

_____ **Fairway Friend \$650**

2 Golfers • Recognition in event program

_____ **Individual Player \$175**

1 Golfer

Golfer gift bag and golf shirt, breakfast, lunch & evening reception for each golfer included in the above three levels.

_____ **Golf Cart Sponsor \$150**

Your name displayed on a golf cart during the day of the Golf Classic

_____ **Scoreboard Sponsor \$1,000**

Your name displayed at the scoreboard site during the day of the Golf Classic

_____ **Beverage Cart Sponsor \$750**

Your name prominently displayed all day during the Golf Classic on the beverage cart • Recognition in all press releases, event publicity and program

_____ **Birdie Bonus \$75** (includes 2 mulligans, putting contest, 3 raffle tickets, and entry in 2 hole contests)

_____ Sorry, I can't make it but would like to make a donation for St. Mary's Medical Center foundation

YES! Please reserve my spot in the 2009 St. Mary's Golf Classic

Contact Name: _____ Phone: _____ Fax: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail Address: _____

Program Listing _____

(Please list individual or company name as it should appear in the program or in any event publications)

Golfer Registration – indicate AM (7:30) or PM (1:30) tee times

1st Player: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Email: _____ Shirt size: _____

2nd Player: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Email: _____ Shirt size: _____

3rd Player: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Email: _____ Shirt size: _____

4th Player: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Email: _____ Shirt size: _____

Please copy this form to register additional golfers.

Payment Options

____ Enclosed is my check payable to St. Mary's Medical Center Foundation

____ Please send me a pledge reminder

____ Please charge my gift to VISA MasterCard Discover

Card Number: _____

Expiration Date: _____ Signature: _____

St. Mary's Medical Center Golf Tournament is presented by the St. Mary's Auxiliary and the Foundation.

St. Mary's Medical Center Foundation is a non-profit 501(c)(3) corporation. Our Federal Tax ID is 43-1918107.

You can mail this to St. Mary's Foundation, 201 NW R.D. Mize Road, Blue Springs, MO 64014, 816-655-5363

fax to 816-655-5371; or email: mmaddox@carondelet.com

