

Sponsor Information

Yes! I would like to sponsor the Fifth Annual Grace Cottage Hospital Golf Benefit!

All proceeds will benefit Grace Cottage Hospital. I would like to be a sponsor at the following level:

☐ Platinum Sponsor ☐ Gold Sponsor ☐ Silver Sponsor ☐ Hole Sponsor

Business Name *(as it should appear in advertising)*: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Player / Team Information *(For players not included in sponsorship price, please add \$125 each.)*

Player 1: _____ email: _____

Address: _____ Cost \$ _____

Player 2: _____ email: _____

Address: _____ Cost \$ _____

Player 3: _____ email: _____

Address: _____ Cost \$ _____

Player 4: _____ email: _____

Address: _____ Cost \$ _____

Total Due _____

Payment Information

Method of payment: ☐ Check enclosed *(made payable to Grace Cottage Hospital)*

☐ Credit Card

Name on card: _____

Credit Card #: _____ Exp.: _____

Security Code: _____ Signature: _____

Amount: _____

We are unable to participate this year but please accept our donation in the amount of \$ _____