



Advocate Good Shepherd Hospital

38th Annual Golf Outing

Monday, June 11, 2018 | Biltmore Country Club

Proceeds benefit Electrophysiologic Mapping Technology to benefit our cardiac patients

SPONSORSHIP ENTITLEMENTS

I/We wish to make a gift as indicated below (check mark selection)

Masters **\$10,000**

- Two (2) foursomes, including lunch and dinner
- Special signage on tee
- Recognition during speaking program
- Premier signage at registration on the course and at the clubhouse
- Presence on the event website

Eagle Sponsor **\$7,500**

- One (1) foursome, including lunch and dinner
- Special signage on tee or green
- Recognition during speaking program
- Presence on the event website

Foursome Sponsor **\$5,000**

- One (1) foursome, including lunch and dinner
- Special signage on one tee or green
- Presence on the event website

TICKETS:

- Golf Foursome(s)#_____@\$4,000 each**
- Individual Golf Ticket(s)#____@\$1,000 each**
- Dinner Only Ticket(s)#_____@\$125 each**

UNDERWRITING OPPORTUNITIES:

- Lunch Sponsor** **\$4,500**
- Lunch registration entrance and each lunch table
 - Presence on the event website
- Putting Green Sponsor** **\$3,000**
- Special signage on putting green
 - Presence on the event website
- Beverage Station Sponsor** **\$2,500**
- Name recognition at each beverage station
- Hole Sponsor** **\$1,000**
- Special signage on one tee or green
- Total Sponsorship and Tickets - \$_____**

Please note: Due to production deadlines, in order to be included in printed recognition materials, sponsorships must be submitted no later than June 1, 2018.

Please print exactly how you would like your name/company to be listed:

Your charitable gift is tax deductible to the extent allowed by law. Tax ID #: 36-3297360.
See reverse for payment information.

Please note that all individuals who make a donation of \$1,000 and above will become President Society Members.

All corporate donors of \$10,000 and above will receive membership into Advocate Health Care's Corporate Philanthropy Partners program which includes exclusive invitations to the Corporate Briefing Breakfast and Partners Reception at the Presidents Society Event.



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PAYMENT INFORMATION

Name: _____ Phone: _____

Email: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Please enclose a check payable to Advocate Good Shepherd Hospital to secure your reservation today!
To secure your tickets or sponsorship via credit card please visit our event page at
Advocategiving.org/shepgolf

Please return this completed form by June 1, 2018 to:

Advocate Good Shepherd Hospital Golf Outing
c/o Advocate Charitable Foundation
3075 Highland Parkway, Suite 600
Downers Grove, Illinois 60515

For more information about the event, tickets and sponsorships, please contact
Nikki Bonamarte at 847.842.3128 or Nikki.Bonamarte@advocatehealth.com

GUEST NAMES

Please list all guest names and return completed form with your check payment. If you are paying by credit card, please list guest names with your online registration or e-mail to Jennifer.CosbyThanos@advocatehealth.com. Guest names are required for entry.

1. _____

11. _____

2. _____

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