



Dear Friends,

The Crossing Rivers Health Foundation invites you to the 8th Annual Golf Classic- a best ball, flighted golf tournament. Join us on **Wednesday, September 11, 2019** at the Prairie du Chien Country Club for a fun-filled day on the golf course.

Proceeds from this year's event will go to support the Crossing Rivers Health Foundation. These funds will be invested in equipment and programs of Crossing Rivers Health which improve the health and wellness of our region.

As a valued supporter of our mission, we appreciate your consideration of the following opportunities to participate:

- **Be a sponsor-** See a menu of sponsorship levels and benefits enclosed!
- **Provide a prize-** Promote your business, product or service by providing door prizes or giveaways!
- **Register your team of four-** A fun way to spend the day with your family, friends, coworkers or customers!

Registration and lunch will begin at 11:00 a.m. The event will begin with a group putt-off competition at noon and shotgun start at 12:15 p.m. Enclosed you will find further information about the opportunities for you to support this event, while receiving visibility and recognition for your business or organization. Please return the enclosed registration form as soon as possible. Thank you so much for your generosity and support of Crossing Rivers Health Foundation.

Respectfully,

Sasha Dull
Chief Development Officer



Wednesday September 11, 2019
Prairie du Chien Country Club

2019 Golf Classic Sponsorship Opportunities				
	Gold Sponsor	Eagle Sponsor	Birdie Sponsor	Hole Sponsor
Sponsor level	\$1,500	\$1,000	\$600	\$100
Logo placement	<ul style="list-style-type: none"> Logo on Foundation web page with link Mention in pre- and post-event social media posts Premier company display at two tee boxes Listed on sponsorship poster Contest sponsor (choice) Recognition as lead sponsor in event publicity and promotional materials 	<ul style="list-style-type: none"> Logo on Foundation web page with link Premier company display at one tee box Listed on sponsorship poster Contest sponsor (choice) 	<ul style="list-style-type: none"> Company name at one tee box Listed on sponsorship poster Listed on Foundation web page 	<ul style="list-style-type: none"> Company name at one tee box
Company Promo Materials	In event bags	In event bags	None	None
Golfers	One foursome & lunch	One foursome & lunch	One foursome & lunch	None
Lunch Sponsor \$500	Recognition includes company recognition near lunch pick-up, on the Foundation web page, and listed on recognition display at registration.			
Cash Donation	In lieu of a sponsorship, cash donations are appreciated!			



8th Annual Golf Classic- Wednesday September 11, 2019

Sponsor, Donor or Team Information

COMPANY OR ORGANIZATION NAME (As you wish it to be listed on recognition materials)

CONTACT PERSON (PLEASE LIST GOLFERS ON REVERSE)

ADDRESS

TELEPHONE/ FAX

EMAIL

SIGNATURE

<input type="radio"/> Gold Sponsor - \$1,500	<input type="radio"/> Eagle Sponsor - \$1,000	<input type="radio"/> Birdie Sponsor- \$600
<input type="radio"/> Hole Sponsor- \$100	<input type="radio"/> Lunch Sponsor - \$500	<input type="radio"/> Cash donation - \$_____
<input type="radio"/> Registration & lunch only- \$55 per PdC Country Club member, \$75 per non-member		
<input type="radio"/> I would like to donate an item(s) <input type="radio"/> I will deliver/ship <input type="radio"/> Please pick up my item _____ (date)		
Item Description _____		
Estimated value \$_____ (IRS rules require that the donor assign a dollar value to gifts in-kind. Please consult IRS Publications 561 and 526 or www.irs.gov for more information.)		

Billing Information

- A check is enclosed for \$ _____ Invoice me for \$ _____
- Please bill my credit card \$ _____

CREDIT CARD NUMBER CARD TYPE (MC/Visa/Discover/Amex) EXPIRATION (M/Y)

NAME AS IT APPEARS ON CREDIT CARD BILLING ZIP CODE

CARDHOLDER SIGNATURE

DATE



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Crossing Rivers Health Foundation Golf Classic Team Member Registration Form

Player #1

Name _____

Email _____

Player #2

Name _____

Email _____

Player #3

Name _____

Email _____

Player #4

Name _____

Email _____

Registration can be completed by prior to the event by **E-MAILING** this completed form to
sasha.dulll@crossingrivers.org OR **MAILING** to:
Crossing Rivers Health Foundation 37868 US Hwy 18, Prairie du Chien, WI 53821.

