



St. Joseph Healthcare's  
21st Annual Frank C. Chapman  
Memorial Golf Tournament

# SPONSORSHIP FORM

*Check off the sponsorship opportunity you are interested in and fill out the form below.*

- |   |   |
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| <input type="checkbox"/> Presenting Sponsor (2) - \$5,000         | <input type="checkbox"/> Driving Range Sponsor (1) - \$1,500    |
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| <input type="checkbox"/> Hat Sponsor (1) - \$2,500                | <input type="checkbox"/> Golf Ranger Sponsor (1) - \$750        |
| <input type="checkbox"/> Grand Prize Sponsor (1) - \$2,500        | <input type="checkbox"/> Program Sponsor (Multiple) - \$500     |
| <input type="checkbox"/> Breakfast Sponsor (1) - \$2,500          | <input type="checkbox"/> Pin Sponsor (Multiple) - \$500         |
| <input type="checkbox"/> Closest to the Pin Sponsor (1) - \$1,500 | <input type="checkbox"/> Hole Sponsor (Multiple) - \$400        |
| <input type="checkbox"/> Trophy Sponsor (1) - \$1,500             |   |

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form and your check (payable to St. Joseph Healthcare) to:

Office of Development

St. Joseph Healthcare

PO Box 1638

Bangor, Maine 04402-1638

If you would like further information, please call (207) 907-1740

or visit us online at [www.stjoeshealing.org/golf](http://www.stjoeshealing.org/golf)