



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.

- | | |
|---|---|
| <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 _____

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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