



Grace Centers of Hope
13th Annual Golf Classic
Monday, August 23, 2010

Name: _____

(as it should appear in the program)

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____ E-mail: _____

Committee Contact Name: _____ Contact No. _____

Sponsorship

(See Sponsorship Opportunity Page for further details)

- | | |
|-------------------------------------|---|
| _____ \$10,000 Title Sponsor | _____ \$1000 Corporate Sponsors |
| _____ \$5,000 Dinner Sponsor | _____ \$500 Flag Sponsorship |
| _____ \$3,500 Lunch Sponsor | _____ \$250 Hole Sponsorship |
| _____ \$2,500 Beverage Sponsor | _____ \$175 per Golfer (\$700 foursome) |
| _____ \$2,000 Beverage Cart Sponsor | _____ \$75 Dinner Only |
| _____ \$1,750 Prize Sponsorship | |

Total: \$ _____

Cash Contribution

_____ I cannot attend but would like to make a contribution in the amount of \$ _____

Payment Method

- _____ Cash
- _____ Check (make checks payable to **Grace Centers of Hope**, 35 E. Huron Pontiac, MI 48342)
- _____ Credit Card No. _____ Expiration Date: _____
- _____ MasterCard _____ Visa _____ American Express Security Code _____

Please remit form & payment to:

Grace Centers of Hope ♦ ATTN: Shannon Clark ♦ 35 E. Huron ♦ Pontiac, MI 48342

Phone: (248) 334-2187 Ext. 23