

2nd Annual Charity Golf Classic



Prostate Cancer
Foundation of Chicago

www.chicagoprostatefoundation.org

815 Pasquinelli Drive, Westmont, IL 60559

Phone: 630.654.2515 Fax: 630.654.2516

Monday, July 22, 2019

Seven Bridges Golf Club 1 Mulligan Drive, Woodridge, IL 60517

Sponsorship Opportunities

Event Sponsor -- \$10,000 (1 available)

Includes 2 foursomes, eblast mentions, welcome and event signage, slideshow mentions.

Golf Sponsor -- \$7,500 (2 available)

Includes 1 foursome, welcome and event signage, slideshow mentions.

Dinner Appetizer Sponsor -- \$5,000

Includes 1 foursome, welcome and event signage, slideshow mentions.

Cocktails Open Bar -- \$3,000

Includes 2 golfers, welcome and event signage, slideshow mentions.

Lunch Sponsor -- \$1,500

Includes 2 golfers, welcome and event signage, slideshow mentions.

Welcome Gift Sponsor -- \$1,500

Includes 1 golfer, slideshow mentions.

Swag Bag Sponsor -- \$500

Slideshow logo.

Hole Sponsor -- \$600 (multiple) or \$250 (single)

Slideshow logo.

THE ANGEL FUND

This new fund provides support for patients who cannot afford to undergo biopsy, or their insurance will not cover biopsy. The goal is to raise \$500,000 through your generous gifts.

SPONSORSHIP OPPORTUNITIES

- ___ \$10,000 Event Sponsor (includes 2 foursomes)
- ___ \$7,000 Golf Sponsor (includes 1 foursome)
- ___ \$5,000 Dinner Appetizer Sponsor (includes 1 foursome)
- ___ \$3,000 Cocktails Open Bar (includes 1 foursome)
- ___ \$1,500 Lunch Sponsor (includes 2 golfers)
- ___ \$1,500 Welcome Gift Sponsor (includes 1 golfer)
- ___ \$1,000 Driving Range Sponsor
- ___ \$1,000 Beat the Pro Par 3 Challenge Sponsor
- ___ \$500 Swag Bag Sponsor
- ___ \$600 Multiple Hole Sponsors
- ___ \$250 Single Hole Sponsor
- ___ Auction and Raffle Donation (Item & Description): _____
- ___ The Angel Fund (Please specify amount: \$ _____)

SPONSORSHIP COMMITMENT FORM

Enclosed is my contribution of \$ _____

Please make checks payable to Prostate Cancer Foundation of Chicago (PCFC). Completed forms and payment may be mailed to Jenny Smalcuga at:

PCFC, 815 Pasquinelli Drive, Westmont, IL 60559

Or, please charge my: **Visa * Mastercard * American Express * Discover**

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV _____

Signature: _____

Billing Address: _____ City: _____ State _____ Zip _____

Phone: _____

Email: _____

Please send a high resolution company logo (1MB minimum)

Please contact Jenny Smalcuga at 630-366-7861 or jsmalcuga@chicagoprostatefoundation.org with any questions.

Or register online at www.chicagoprostatefoundation.org