

**MALLOY
STRONG**

**GOLF
INVITATIONAL**

SEPTEMBER 9, 2024

*Please respond no later than
August 1, 2024*

SPONSORSHIP OPPORTUNITIES

<input type="radio"/> Presenting Sponsor	\$15,000
<input type="radio"/> Clubhouse Sponsor	\$10,000
<input type="radio"/> Golf Ball Sponsor	\$7,500
<input type="radio"/> Dinner Sponsor	\$7,500
<input type="radio"/> Luncheon Sponsor	\$7,500
<input type="radio"/> Cart Sponsor	\$5,000
<input type="radio"/> Scorecard Sponsor	\$5,000
<input type="radio"/> Hospitality Sponsor	\$5,000
<input type="radio"/> Reception Sponsor	\$2,500
<input type="radio"/> Foursome	\$2,500
<input type="radio"/> Raffle Sponsor	\$1,500
<input type="radio"/> Putting Green Sponsor	\$1,500
<input type="radio"/> Longest Drive Sponsor	\$1,500
<input type="radio"/> Closest to the Pin Sponsor	\$1,500
<input type="radio"/> Twosome	\$1,250
<input type="radio"/> Individual Player	\$625
<input type="radio"/> Flag Sponsor	\$500
<input type="radio"/> Tee Sponsor	\$250
<input type="radio"/> Dinner Guest	\$100
	# of guests _____
Total Amount	\$ _____

- I am unable to attend:
- However, I would like to sponsor. Please donate our player opportunities back to Rhode Island Hospital Foundation for its use.
 - I would like to make a contribution of \$ _____

SPONSORSHIP INFORMATION

Company/Individual _____

Contact Name _____

Address _____

City _____

State/Zip _____

Phone _____

* Email _____

* Attendee confirmation information will be sent electronically, unless otherwise requested. Please be sure to include your preferred email address.

SIGNAGE/MATERIALS INFORMATION:

Sponsor Name _____

Please indicate above EXACTLY how you would like your company name to appear on signs and materials. Please forward your high resolution logo in a .jpeg or .eps format to **DevelopmentEvents@lifespans.org**.

METHOD OF PAYMENT

- Please invoice me.
- Check is enclosed for \$ _____.
(Payable to Rhode Island Hospital Foundation)
- Credit Card (Choose Type)
 - Visa MasterCard American Express Discover

Name on card _____

Card Number _____

Expiration Date _____ 3/4 Digit Code _____

Signature _____ Date _____

MAIL TO

Rhode Island Hospital Foundation
Malloy Strong Golf Invitational 2024
PO Box H
Providence, RI 02901

or

REGISTER ONLINE AT

rihgolf.org

QUESTIONS

Jessica Foley
Senior Development Events Officer

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