

REGISTRATION INFORMATION

SPONSORSHIP

___ PRESENTING SPONSOR*	\$25,000
___ CLUB HOUSE SPONSOR*	\$20,000
___ GOLF BALL SPONSOR*	\$15,000
___ AWARDS DINNER SPONSOR	\$10,000
___ CART SPONSOR	\$10,000
___ FOURSOME*	\$8,000
___ FLIGHT SPONSOR	\$5,000
___ HOSPITALITY SPONSOR	\$5,000
___ LUNCHEON SPONSOR	\$5,000
___ REGISTRATION SPONSOR	\$5,000
___ TWOSOME*	\$4,000
___ RAFFLE SPONSOR	\$2,500
___ LONGEST DRIVE SPONSOR	\$2,500
___ CLOSEST TO THE PIN SPONSOR	\$2,500
___ INDIVIDUAL*	\$2,000
___ FLAG SPONSOR	\$1,000
___ TEE SPONSOR	\$500
___ I'M UNABLE TO ATTEND BUT WISH TO MAKE A CONTRIBUTION	\$_____
TOTAL	\$_____

*Sponsorship includes player opportunities.

CONTACT PERSON

For more information or to register online, please contact Jessica Foley at jfoley5@lifespan.org or 401-444-0390

Mail card in enclosed pre-addressed envelope or send to:
Hasbro Children's Hospital Invitational
P.O. Box H, Providence, RI 02901

If you do not wish to receive mail solicitations from Hasbro Children's Hospital, or from other Lifespan institutions, please email privacyofficer@lifespan.org, call 866-626-0888 or 401-444-6500 and leave a message, or write to Lifespan Compliance & Privacy Office, 245 Chapman Street, Suite 200, Providence, RI 02905.



Hasbro Children's Hospital
The Pediatric Division of Rhode Island Hospital
Lifespan. Delivering health with care.®

over

SPONSORSHIP INFORMATION

Company/Individual _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

*Email _____

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

PAYMENT INFORMATION

☐ Check Enclosed (*Payable to Rhode Island Hospital Foundation*)

☐ Please Invoice Me

☐ Credit Card (*Choose type*) ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name on Card _____

Card Number _____

Security Code _____ Expiration Date _____

Signature _____

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 **HCHevents@lifespan.org**.

THANK YOU!