

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 **DevelopmentEvents@lifespan.org**.

THANK YOU!

REGISTRATION INFORMATION

SPONSORSHIP

<input type="checkbox"/> PRESENTING SPONSOR*	\$25,000
<input type="checkbox"/> CLUB HOUSE SPONSOR*	\$20,000
<input type="checkbox"/> SCORECARD SPONSOR	\$10,000
<input type="checkbox"/> AWARDS DINNER SPONSOR	\$10,000
<input type="checkbox"/> CART SPONSOR	\$10,000
<input type="checkbox"/> FOURSOME*	\$8,000
<input type="checkbox"/> FLIGHT SPONSOR	\$5,000
<input type="checkbox"/> HOSPITALITY SPONSOR	\$5,000
<input type="checkbox"/> LUNCHEON SPONSOR	\$5,000
<input type="checkbox"/> REGISTRATION SPONSOR	\$5,000
<input type="checkbox"/> TWOSOME*	\$4,000
<input type="checkbox"/> PUTTING GREEN SPONSOR	\$2,500
<input type="checkbox"/> LONGEST DRIVE SPONSOR	\$2,500
<input type="checkbox"/> CLOSEST TO THE PIN SPONSOR	\$2,500
<input type="checkbox"/> INDIVIDUAL*	\$2,000
<input type="checkbox"/> FLAG SPONSOR	\$1,000
<input type="checkbox"/> TEE SPONSOR	\$500
<input type="checkbox"/> 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
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