Present the Southampton Hospital Foundation
Golf Tournament at The Maidstone Club
Monday, September 25, 2017

Sponsorship Opportunities

☐ Official Title Sponsor ($25,000) SOLD
Naming rights for the Tournament - logo on Southampton Hospital’s website and all printed materials, highly visible signage throughout the course, special recognition during the formal program and two foursomes.

☐ Dinner Host ($20,000)
Logo on event day information packet and dinner program, signage displayed at the event and on the tables during dinner, special recognition during the formal program and two foursomes.

☐ Caddie Sponsor ($12,500) SOLD
Logo on event day information packet and dinner program, logo placement on each of 36 caddie bibs, special recognition during the formal program and one foursome.

☐ Golf Cart Sponsor ($10,000) SOLD
Logo on event day information packet and dinner program, signage displayed on each of 36 golf carts, special recognition during the formal program and one foursome.

☐ Brunch Host ($10,000) SOLD
Signage displayed at event, special recognition during the formal program and one foursome.

☐ Cocktail Reception Host ($7,500) SOLD
Signage displayed at event, special recognition during the formal program and two players.

☐ Gift of the Day Sponsor ($7,500)
Prominent signage at registration area where gifts are distributed, special recognition during the formal program and two players.

☐ Foursome ($6,500)
Signage displayed on one hole, special recognition during the formal dinner program and one foursome.

☐ Individual Golfer ($1,700)
Day of golf including brunch and dinner. Signage displayed on one hole.

☐ Hole Sponsor ($600)

PAYMENT & CONTACT INFORMATION

By Check or Pledge
☐ Check enclosed ☐ Pledge (check to follow)
Please make checks payable to: Southampton Hospital Foundation

By Charge
☐ MasterCard ☐ VISA ☐ American Express

Amount $ ___________________ Cardholder ____________________________________________

Account # ___________________ Exp. Date __________ Signature ______________________

Company __________________________________________________ Contact ____________________

Address __________________________________________ City/State/Zip ______________________

Phone # ___________________ Fax # __________________ Email _______________________

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