

WISE & Healthy Aging 2010 Charity Golf Classic
North Ranch Country Club · October 4, 2010

Sponsorship Form

_____ I can't play but I want to participate and support this important program - enclosed is my donation.

Yes! I would like to register for this year's Golf Classic. Please check appropriate sponsorship(s):

_____ Title Sponsor (16 players)	\$25,000
_____ Presenting Sponsor (multiple available) (12 players)	\$15,000
_____ Major Tee Gift Sponsor (5 available) (8 players)	\$ 8,500
_____ Bronze Sponsor (multiple available) (8 players)	\$ 6,500
_____ Awards Dinner Sponsor (4 players)	\$ 5,000
_____ Silent Auction Sponsor (4 players)	\$ 5,000
_____ Water Sponsor (4 players)	\$ 5,000
_____ Photography Sponsor (4 players)	\$ 4,000
_____ Cigar Sponsor (4 players)	\$ 4,000
_____ Sign Sponsor (4 players)	\$ 4,000
_____ Golf Cart Sponsor (2 available) (4 players)	\$ 4,000
_____ Volunteer Sponsor (4 players)	\$ 4,000
_____ Breakfast Sponsor (4 players)	\$ 3,500
_____ Lunch Sponsor (4 players)	\$ 3,500
_____ Cocktail Sponsor (4 players)	\$ 3,500
_____ Wine Sponsor (4 players)	\$ 3,500
_____ Awards Sponsor (4 players)	\$ 3,500
_____ Executive Sponsor (multiple available) (4 players)	\$ 3,000
_____ Beverage Sponsor (4 available) (2 players)	\$ 1,500
_____ Contest Sponsor (7 available) (2 players)	\$ 1,500
_____ Tee Hole Sponsor (multiple available) (1 player)	\$ 800
_____ Individual Playing Spot (limited availability) (1 player)	\$ 350

Non-Golf Sponsorships

_____ Tee Box Sponsor (multiple available)	\$ 1,000
_____ Long-Drive Champion Sponsor	\$ 1,000
_____ Beat-the-Pro Sponsor	\$ 1,000
_____ Hole-in-One Sponsor (3 available)	\$ 500
_____ Tee/Green Sponsor (multiple available)	\$ 300
_____ Additional Reception & Awards Dinner Ticket	\$ 65

Enclosed is my check for \$ _____ made payable to: WISE & Healthy Aging
This organization is tax exempt under the provision of section 501(c)3 of the Internal Revenue Code
Federal ID #: 95-2788014

Credit Card Account Number: _____ Exp. Date: _____

Please check one: _____ MasterCard _____ VISA _____ American Express

Signature: _____

Print Name : _____

Please note that the actual cost per golfer including green fees, club services, food & beverages and player gifts is \$300.

Please send this form to WISE & Healthy Aging, 1527 4th St., 2nd Floor, Santa Monica, CA 90401,
Attn: Glenda Collins, Fax: (310) 394-7152,
Email: golf@wiseandhealthyaging.org, Phone: (310) 394-9871, ext. 442

Thank you for supporting the WISE & Healthy Aging Ombudsman Program.