

Guthrie Robert Packer Hospital Towanda Campus Auxiliary

33rd Annual Guthrie Golf Tournament

to benefit Towanda campus outpatient services

Sponsor Levels

\$1,500 | TITLE SPONSOR (1)

- Named as "Presented by" sponsor on all print, social media publications, including Thank You ad
- Company banner displayed at event
- Recognition and opportunity to speak prior to shotgun start
- Tent or table next to registration table
- Opportunity to put one promo item in gift bags
- Foursome entry into tournament

\$750 | PRESENTING SPONSOR (1)

- Logo on all print publications, including Thank You ad
- Company banner displayed at event
- Opportunity to put one promo item in gift bags

\$500 | CART SPONSOR (1)

- Name on all score cards, and Thank You ad
- Logo on all cart tags and event Thank You ad
- Opportunity to put one promo item in gift bags

\$500 | FOOD & BEVERAGE SPONSOR (2)

- Recognition as sponsor at food site
- Company banner displayed at event
- Opportunity to put one promo item in gift bags

\$200 | HOLE SPONSOR (18)

- Logo on event Thank You ad
- Sign with name/logo at one hole
- Opportunity to put one promo item in gift bags

\$100 | CORPORATE SPONSOR (multiple)

- Logo on event Thank You ad
- Opportunity to put one promo item in gift bags



www.Guthrie.org

Guthrie Robert Packer Hospital Towanda Campus Auxiliary

Please list your company name as it should appear on all sponsor materials.

Company Name: _____

Contact Name: _____

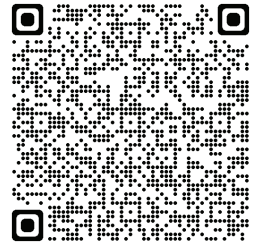
Phone Number: _____

Email: _____

Comments: _____

Please complete and return this form to:

Guthrie Robert Packer Hospital
Towanda Campus Auxiliary
2023 Golf Tournament
91 Hospital Drive
Towanda, PA 18848



CONTACT: **darinnocenzo@gmail.com** or **607-857-1157**

Company Information (For sponsorship billing and payment only)

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Payment enclosed is my check in the amount of \$ _____.

Made payable to **RPH-TC Auxiliary**

Please submit all company logos in high resolution to (.png, .jpg) to **darinnocenzo@gmail.com**.

Please note: Sponsors who do not submit a logo by April 28 will have their company name spelled out on all sponsored signage. This form shall act as a written commitment to pay the full sponsorship amount that I have selected.

Signature: _____

Printed Name: _____

Date: _____

\$1,500 TITLE SPONSOR | \$750 PRESENTING SPONSOR | \$500 CART SPONSOR | \$500 FOOD & BEVERAGE SPONSOR | \$200 HOLE SPONSOR | \$100 CORPORATE SPONSOR | \$_____ OTHER