



# 2020 GOLF PARTNERSHIP

Company

Contact Name

Email Address

Daytime Phone Number

Address

## Select Partnership Level(s):

- |   |  |  |               |
|---|--|--|---------------|
| <input type="checkbox"/> Hole in One Sponsor                                      | \$20,000                                   | <input type="checkbox"/> Double Eagle Sponsor  | \$15,000      |
| <input type="checkbox"/> Eagle Sponsor  | \$10,000                                   | <input type="checkbox"/> Birdie Sponsor        | \$5,000       |
| <input type="checkbox"/> Par Sponsor  | \$ 3,000                                   | <input type="checkbox"/> Ball Sponsor          | \$2,500       |
| <input type="checkbox"/> Individual Golfer<br><i>Early Bird pricing till 4/30</i> | \$ 475 X _____<br><i>\$ 500 after 4/30</i> | <input type="checkbox"/> Reception Dinner Only | \$200 X _____ |

I am unable to attend, enclosed is my donation: \$

Signature:

Date:

## Payment Options and Information:

- |   |  |
|---|--|
| <input type="checkbox"/> Check Enclosed payable to Pediatric Cancer Research Foundation | <input type="checkbox"/> Please invoice me for: \$                     |
| <input type="checkbox"/> Payment via credit card  | <input type="checkbox"/> Please provide information for an EFT payment |
| <input type="checkbox"/> Business Card  | <input type="checkbox"/> Personal Card                                 |

Name on Card:

Card #:

Charge my card for: \$

Exp. Date:

Code:

**Golfer Information:** Once your form is received, someone from the PCRf team will be in contact for your foursome's names, shirt sizes, and email addresses.

**Note:** Each individual golfer will receive goods or services in the amount of \$415 in exchange for their contribution. Each individual reception only guests will receive good or services in the amount of \$100. Federal law requires us to acknowledge that PCRf provided you with certain goods or services in whole or partial consideration for your contribution.

## SPONSORSHIP DEADLINE FOR MAXIMUM PRINT INCLUSION: MAY 13, 2020

Contact: Jenny Cooper • jcooper@pcrf-kids.org • 949-859-6312 • PCRf Tax ID #95-3772528  
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