

SPONSORSHIP LEVELS

For sponsorship information, contact Allie Horowitz
at 908-229-8058 or ahorowitz@pcrf-kids.org



16TH ANNUAL
PEDIATRIC CANCER
RESEARCH FOUNDATION

DREAM. DISCOVER. CURE.

GOLF TOURNAMENT

JUNE 20, 2023
HACKENSACK GOLF CLUB
ORADELL, NJ



HOLE IN ONE
\$20,000

- Three foursomes
- Dinner for your Foursomes and 12 Guests
- Exclusive banner at clubhouse
- Premium item with logo given to all golfers
- Exclusive Recognition in all event material
- Logo on PCRF website
- Tee signage on course



DOUBLE EAGLE
\$15,000

- Two foursomes
- Dinner for your Foursomes and 8 Guests
- Logo on all golf carts
- Option to place collateral items in gift bag
- Premier Recognition in all event material
- Logo on PCRF website
- Tee signage on course



EAGLE
\$10,000

- One foursome
- Dinner for your Foursome and 4 Guests
- Option to place collateral items in gift bag
- Prime Recognition on all event materials
- Logo on PCRF website
- Tee signage on course



BIRDIE
\$5,000

- One foursome
- Dinner for your Foursome and 4 Guests
- Option to place collateral items in gift bag
- Recognition on all event materials
- Logo on PCRF website
- Tee signage on course



PAR
\$3,000

- Two golfers
- Dinner provided
- Recognition on all event materials
- Logo on PCRF website
- Tee signage on course



BALL SPONSOR
\$2,500

- Logo on sleeve of golf balls given to all participants

2023 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 | \$ 475 X _____ | <input type="checkbox"/> Dinner Reception Only | \$ 200 X _____ |
| <i>Early Bird pricing till 5/20</i> | | <i>\$ 500 on 5/21</i> | |

☐ 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"/> Please provide information for an EFT payment |
| <input type="checkbox"/> Payment via credit card <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 \$400 in exchange for their contribution. 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 30, 2023

Contact: Allison Horowitz • ahorowitz@pcrf-kids.org • 949-600-6203 • PCRF Tax ID #95-3772528
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