



Development Office
 Speare Memorial Hospital
 16 Hospital Road
 Plymouth, NH 03264

2017 Golf Classic

ALL PROCEEDS BENEFIT SPEARE'S DENTAL HEALTH PROGRAM!

Please complete this form and return to address shown above or fax to 603-238-2195.

If you have questions or need more information, call Cheryl Callnan at 603-238-2211.

Tax ID 02-0226774

Please check off your selection

<u>Sponsorships that include foursomes:</u>		<u>Other Sponsorships:</u>	
<input type="checkbox"/> Gold Sponsor	\$1,500	<input type="checkbox"/> Putting Green Sponsor	\$ 500
<input type="checkbox"/> Picture Sponsor (2 avail.)	\$1,250	<input type="checkbox"/> Driving Range Sponsor	\$ 500
<input type="checkbox"/> Buffet Lunch Sponsor (1 avail.)	\$1,250	<input type="checkbox"/> Green AND Tee Sponsor	\$ 350
<input type="checkbox"/> PM Reception Sponsor (1 avail.)	\$1,000	<input type="checkbox"/> Green OR Tee Sponsor	\$ 200
<input type="checkbox"/> Cart Sponsor (4 avail.)	\$1,000	<input type="checkbox"/> Single Player	\$ 150
<input type="checkbox"/> Foursome & Banner Sponsor	\$ 700	<input type="checkbox"/> Table Tent Sponsor	\$ 100
<input type="checkbox"/> Foursome Sponsor	\$ 600		
<input type="checkbox"/> 8 AM Flight or <input type="checkbox"/> 12 PM Flight		<input type="checkbox"/> Raffle Item Donor-please list item(s): _____	
Team Name: _____		<input type="checkbox"/> Goodie Bag Item Donor-please list item(s): _____	
Player 1: _____		<input type="checkbox"/> Cash Donation of \$ _____	
Player 2: _____		<i>Thank you for your support!</i>	
Player 3: _____			
Player 4: _____			

Contact Person: _____

Email: _____

Company Name: _____

(As it should appear in publicity)

Address: _____

Phone: _____

Payment Method:

- Check (Payable to SMH Golf Classic)
- VISA/ MasterCard/ Discover (Circle one)

Signature: _____

Card#: _____

Expiration Date: _____ CVN (3 digits on back of card): _____