

Event Details:

Date: Monday, July 28

Time: 11:30 am shot gun start

Location: Belmont Country Club 181 Winter St. Belmont, MA 02478

Website: bmc.org/golf

Golf Sponsorship Opportunities

Eagle Sponsor - \$15,000

<u>Golf</u>

- One foursome
- Four sleeves of premium level golf balls
- Premium gift package for golfers

Logo Inclusion and Signage

- Company logo displayed on sponsor signage
- Two hole sponsorship signs
- One corporate branded pin flag

Additional Recognition

- Opportunity to provide corporate branding giveaway for participants
- Four automatic entries in the premium raffle
- Reserved post-tournament reception seating with celebrity guest athlete

Foursome Sponsor - \$10,000

<u>Golf</u>

- One foursome
- Premium gift package for golfers

Logo Inclusion and Signage

• Company logo displayed on sponsor signage

The tournament sells out annually. Reserve your spot as soon as possible.

For more information, contact Jaz at Jazondre.Gibbs@bmc.org or 617-414-5573.

Alternate Sponsorship Opportunities (No Golf)

Autism Program Putting Challenge -\$5,000

- Signage at Autism Program Putting Challenge green
- Winner gift giveaway opportunity

Brunch Sponsor- \$2,500

• Pre-golf Reception signage

Beverage Station Sponsor- \$2,500

• Beverage Station signage

Challenge Sponsor- \$2,500

- Longest Drive signage
- Closest to pin signage

Reception Sponsor- \$1,000

• 2 tickets to post-golf reception

Hole Sponsor- \$1,000

• One hole sign

I would like to support Boston Medical Center at the following level:	
Eagle Sponsor - \$15,000	Beverage Station Sponsor (no golf) - \$2,500
Foursome Sponsor - \$10,000	Challenge Sponsor (no golf) - \$2,500
Autism Program Putting Challenge (no golf)- \$5,000	Reception Sponsor (no golf) - \$1,000
Brunch Sponsor (no golf) - \$2,500	Hole Sponsor (no golf) - \$1,000
In accordance with IRS and donor advised fund (DAF) guidelines, gifts recommended through DAFs are an acceptable way to make a general donation towards an event; however, if a donor wishes to sponsor or attend the event, please contact events@bmc.org in advance of recommending a gift via a DAF for more details.	
A gift of \$ has been: ext{ enclosed (payable to Boston Medical Center)	
Contact Name:	Title/Organization:
Name as it should appear for recognition:	
Address:	City/State/Zip:
Email:	Phone:
Please return completed form to <u>events@bmc.o</u> rg or the Office of Development at 960 Massachusetts Ave Floor 2, Boston, MA 02118 Boston Medical Center Tax ID: 04-3314093	