

2023 SPONSORSHIP AGREEMENT



Contact Information

Name/Title: _____ Organization: _____

Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

How would you like to be named on sponsorship materials? _____

Sponsorship Selection

- | Golf Tournament | Ride the Harbor | Wellness Fair | 5k Fun Run & Walk | Ladies Night | Harbor Lights | Summit Fights Hunger |
|--|--|---|---|---|---|---|
| May 5, 2023 | June 17, 2023 | September 16, 2023 | September 16, 2023 | October 12, 2023 | Dec. 13 & 14, 2023 | Dec. 19 & 20, 2023 |
| <input type="checkbox"/> \$10,000 Presenting | <input type="checkbox"/> \$12,000 Presenting | <input type="checkbox"/> \$5,000 Presenting | <input type="checkbox"/> \$5,000 Presenting | <input type="checkbox"/> \$5,000 Presenting | <input type="checkbox"/> \$5,000 Presenting | <input type="checkbox"/> \$5,000 Presenting |
| <input type="checkbox"/> \$5,000 Executive Cup | <input type="checkbox"/> \$7,500 Start/Finish | <input type="checkbox"/> \$2,500 Corporate | <input type="checkbox"/> \$3,000 Medal | <input type="checkbox"/> \$3,500 Corporate | <input type="checkbox"/> \$2,000 Corporate | <input type="checkbox"/> \$2,500 Corporate |
| <input type="checkbox"/> \$5,000 Golf Cart | <input type="checkbox"/> \$5,000 Food Pavilion | <input type="checkbox"/> \$1,500 Gift Bag | <input type="checkbox"/> \$2,000 Gift Bag | <input type="checkbox"/> \$2,000 Gift Bag | | <input type="checkbox"/> \$1,000 Supporting |
| <input type="checkbox"/> \$3,000 Corporate | <input type="checkbox"/> \$3,000 Corporate | | <input type="checkbox"/> \$1,000 T-shirt | <input type="checkbox"/> \$1,000 Supporting | | |
| <input type="checkbox"/> \$2,500 Hole w/Team | <input type="checkbox"/> \$1,000 Supporting | | | | | |
| <input type="checkbox"/> \$1,500 Supporting | | | | | | |

Sponsorship Total \$ _____

NOTES:

Agreement Signature _____

Payment Options

- Pay by Check** \$ _____ Check Enclosed **Please Invoice:** One-Time Monthly One Month Prior to Selected Event
- Please Bill My Credit Card:** Visa Master Card American Express

Name on Card: _____ Billing Zip: _____

Card Number: _____ CVV Code: _____ Exp. Date: _____

Payment Signature: _____

Please remit to Summit Pacific Medical Foundation: 600 East Main Street, Elma, WA 98541 | foundation@sp-mc.org | 360.346.2250

Thank you for your sponsorship and support!