

May 11, 2017



A Legacy of Caring

The Umbrella Club 30th Annual Golf Outing

Player 1 _____
Name City/State Office Telephone

Player 2 _____
Name City/State Office Telephone

Player 3 _____
Name City/State Office Telephone

Player 4 _____
Name City/State Office Telephone

PLEASE ENROLL US AS ONE OF THE FOLLOWING COMPANY / TEAM SPONSORS:

\$5,000 TITLE SPONSOR

\$2,500 EAGLE SPONSOR

BIRDIE SPONSORSHIP OPPORTUNITIES

\$2,500 GOLF APPAREL WITH LOGO

\$1,500 LUNCHEON SPONSOR

\$1,500 DINNER SPONSOR

\$1,500 GOLF CART SPONSOR

\$1,500 BEVERAGE / COURTESY CART SPONSOR

\$1,500 PRIZE SPONSOR

\$1,500 GOLF BALL SPONSOR / LOGO

TEE SIGN SPONSOR

\$1,000 GOLD LEVEL

\$500 SILVER LEVEL

\$250 BRONZE LEVEL

\$100 TEE SIGN

\$250 Pin Flag

SPONSOR A HOLE

FOR CORPORATE PATRONS:

I cannot participate; however, I wish to provide our support with a contribution of:

\$100

\$300

\$1,000

\$200

\$500

Other \$ _____

ALL 2017 SPONSORS:

I have checked the applicable boxes on this form.
Please confirm my Sponsorship, Team Entry or Contribution.

My check is enclosed in the full amount of: \$ _____

Employer Gift Matching Program: \$ _____

\$ _____ to be a _____ Sponsor

Name

Title Office Telephone

Company

Street/PO Box

City State/Zip

Signature Date

Please make check payable to:

The Umbrella Club
P.O. BOX 112238
STAMFORD, CT 06901
(203) 326-1801

Please Charge my:



Name _____

Acct: _____

Exp. (MM/YY) _____ Sec. Code _____

Amount \$ _____ Zip Code: _____

Signature: _____