

**SOUTHWEST COMMUNITY HEALTH FOUNDATION
TWENTIETH ANNUAL GOLF TOURNAMENT
THURSDAY AUGUST 5, 2010, COLUMBIA HILLS COUNTRY CLUB**

Those at the higher levels of support will be given their preference of A.M. or P.M. on a first-come, first-served basis.

CHECK ONE: I prefer to play in the morning **OR** I prefer to play in the afternoon

1. LEVELS OF SUPPORT

_____ **SIGNATURE SPONSOR:** \$10,000 (\$9,000 tax deductible). Includes breakfast/lunch, golf, cocktails and substantial hors d'oeuvres for eight golfers; identification of name and logo; listing in the program and all publicity as Signature Sponsor including an opportunity to have a brief "commercial" about the sponsor's company shown during the evening program. Will also be invited to distribute approved logo promotional items to be included in the welcome package (contact the Foundation office for details).

_____ **EVENT SPONSOR:** \$5,000 (\$4,000 tax deductible). Includes breakfast/lunch, golf, cocktails and substantial hors d'oeuvres for eight golfers; with identification of name and logo; listing in the program and all publicity as an Event Sponsor. Will also be invited to distribute approved logo promotional items to be included in the welcome package (contact the Foundation office for details).

_____ **HOLE SPONSOR:** \$2,500 (\$2,000 tax deductible). Includes breakfast/lunch, golf, cocktails and substantial hors d'oeuvres for four golfers; prominent identification at tee or green with name and logo; listing in the program as a Hole Sponsor.

_____ **SPONSOR:** \$1,000 (\$750 tax deductible). Includes breakfast/lunch, golf, cocktails and substantial hors d'oeuvres for two golfers; identification at tee or green with name or logo; listing in the program as a Sponsor.

2. _____ I am unable to participate, but I wish to make a contribution of \$_____.
3. _____ I will not golf, but would like to attend cocktails and hors d'oeuvres #_____ of guests @ \$50 each = \$_____.
4. _____ I wish to contribute a prize or auction item. Please contact me at the number listed below.
 Phone number: _____

Please make checks payable to the Southwest Community Health Foundation.
_____ Please bill me.

_____ I wish to charge my support (Select One): Visa MasterCard American Express Discover

Card Number: _____ Name on card: _____

Expiration Date: _____ 3 Digit Pin _____ Signature: _____

Name of Sponsoring Organization or Individual -- as you wish it to appear

Contact Name and Title

Billing Address

City, State, Zip Code

Daytime Telephone Number

Daytime Fax

Evening Telephone Number

E-mail address

Please return this form to:

**Southwest Community Health Foundation
18697 Bagley Road
Middleburg Heights OH 44130**

Fax: 440-816-4466 e-mail zkobie@swgeneral.com