

17th Annual Memorial Golf Outing

presented by



Friday, June 28, 2019 ♦ Deer Valley Golf Club

Sponsorship Opportunities

Sponsorship Packages*

Presenting Golf Outing Sponsor* \$1000

Presenting Sponsorship includes a hole sponsorship, lunch sponsorship & signage, and a golf foursome. Also listed on all publicity materials, golf outing program/press releases/RRHH website/ etc.

(Name to be used on sign/print materials)

Lunch Sponsorship and One Foursome* \$500

(Name to be used on sign/print materials)

Hole Sponsorship and One Foursome* \$400

(Name to be used on sign/print materials)

Lunch Sponsorship \$300

(Name to be used on sign/print materials)

Hole Sponsorship \$150 per hole

(Name to be used on sign/print materials)

General/Memorial Contribution _____
(list amount)

Listed in golf outing program/RRHH website/other areas as deemed appropriate.

**Questions? Call Karen at (815) 625-3858
or email karen@hospicerockriver.org**

**Thank you for supporting Rock River Hospice & Home
and the 17th Annual RRHH Memorial Golf Outing!**

Company Name _____

Contact Name _____

Address _____

City _____ State ____ Zip _____

Email _____

Phone _____

_____ Cash _____ Check

Credit Card: ___ Visa ___ MasterCard ___ Discover

Cardholder's Name: _____
(if different than above)

CC# _____

Exp. Date: _____ 3-Digit Verification # _____
(on back of card)

Return completed form & mail payment to:

Rock River Hospice & Home
Golf Outing
2706 Avenue E, Sterling, IL 61081

17th Annual Memorial Golf Outing

presented by



Friday, June 28, 2019 Deer Valley Golf Club

Registration & Lunch - **NOON** ♦ Shotgun Start - **1 p.m.**

Prizes, Awards & Snacks Following Golf
Scramble Format

A Full Day of Fun For Just - **\$75 per golfer**
\$300 per foursome
(includes green fees, cart, lunch & awards)

Yes, I want to join & support Rock River Hospice & Home in the 2019 Golf Outing!

Business/Team Name: _____

Captain's Name/Golfer #1: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Player #2: _____

Player #3: _____

Player #4: _____

Total Enclosed \$ _____

Method of Payment: _____ Check Enclosed _____ Credit Card

Type of Card: _____ MasterCard Card #: _____

_____ Discover Exp. Date: _____

_____ Visa Three Digit Security # _____ on back of card

Authorized Signature: _____

Return registration & payment to: RRHH Golf Outing, 2706 Avenue E, Sterling, IL 61081

Questions? Call Rock River Hospice & Home at (815) 625-3858 / email karen@hospicerockriver.org