

Women Playing For T.I.M.E.®

SPONSORSHIP OPPORTUNITIES

SPONSORSHIP LEVEL	CONTRIBUTION	SELECTION
Overall Presenting Sponsor	\$50,000	
Overall Hole Sponsor (Scramble & 2 –day)	\$1,500	
2-Day Golf Presenting Sponsor	\$25,000	
2-Day Golf Lunch Sponsor	\$15,000	
2-Day Golf Breakfast Sponsor	\$5,000	
2-Day Golf Beverage Cart Sponsor	\$2,500	
2-Day Golf Cart Sponsor	\$2,000	
2-Day Golf Hole Sponsor	\$1,000	
Tennis Presenting Sponsor	\$15,000	
Tennis Court Sponsor	\$100	
Isleworth/Bella Collina Tournament Presenting Sponsor	\$15,000	
Isleworth/Bella Collina Tournament Awards Luncheon Sponsor	\$7,500	
Isleworth/Bella Collina Tournament Breakfast Sponsor	\$5,000	
Isleworth/Bella Collina Tournament Garden of Hope Sponsor	\$3,000	
Isleworth /Bella Collina Tournament Awards Sponsor	\$2,500	
Isleworth/Bella Collina Tournament Player Tee Gift Sponsor	\$2,500	
Isleworth/Bella Collina Tournament Hole In One Sponsor	\$1,000	
Isleworth /Bella Collina Tournament Proximity Sponsor	\$750	
Isleworth/Bella Collina Tournament Hole Sponsor	\$250	
Donation in lieu of participation		

Contact: Lynda Canatay, Foundation Events Manager/Women Playing For T.I.M.E.® at 321.841.2272. In order to receive all available sponsor benefits, please make checks payable to “**Women Playing For T.I.M.E.**” and send to 3160 Southgate Commerce Blvd. Ste. 50, Orlando, FL 32806. You may also fax your commitment to 407.425.8545.

All commitments must be received by **Monday, October 13th** to be included in the 2009 Sponsor Recognition piece. Those received after that date will be recognized in the 2010 print materials. Mail this completed form with your check or credit card information in the return envelope provided. You will receive confirmation of your contribution by return mail.

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Sponsor Logo/website link to be provided: Yes/No

SPONSOR NAME TO READ: _____

Credit card payment: MasterCard Visa Discover American Express

Card #: _____ Exp. date: _____

Name as it appears on card: _____

Signature: _____ Date: _____

**Commitments are non-refundable
FLORIDA DISCLOSURE STATEMENT**

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION FOR THE ORLANDO REGIONAL HEALTHCARE FOUNDATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, 1-800-435-7352 WITHIN THE STATE OF FLORIDA ONLY. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. THE FOUNDATION IS A REGISTERED CHARITABLE ORGANIZATION (SC-00577).

