

2017 NFADA CHARITY GOLF CLASSIC - Monday, August 14 - Park Country Club

Check box to indicate desired sponsorship

Sponsorships must be paid in full within 30 days.

Presenting Sponsor - \$5,000 *

Foursome
Exclusive mention on invitation
 Reserve seating at dinner
 Signage at Bag Drop
 Mention on all correspondence
 Program & Verbal Podium Recognition

Golf Favors - \$4,500 *

Foursome
 Reserve seating at dinner
 Company Logo on golf favors
 Signage at registration
 Program & Verbal Podium Recognition

Golf Carts - \$4,000 *

Foursome
 Reserve seating at dinner
 Individual signage on 72 golf carts
 Program & Verbal Podium Recognition

Dinner Sponsor - \$3500 *

Foursome
 Reserve seating at dinner
 Signage at Dinner
 Program & Verbal Podium Recognition

Gold Sponsors - \$3,000 *

Foursome
 Reserve seating at dinner
 Program & Verbal Podium Recognition
 Signage at sponsored site:
 Halfway House
 Martini Bar
 Lunch

Silver Sponsors - \$2,500 *

Foursome
 Program & Verbal Podium Recognition
 Cigar Bar - Signage at the Cigar Bar
 Micro Brew Tasting - Signage at the Micro Brew Station
 Beverage Carts - Signage on 2 Beverage Carts
 Putting Contest - Signage at the Putting Green
 Raw Bar - Signage at the Raw Bar
 Skill Prizes - Signage at Registration & Dinner
 Watering Holes - Signage at the Watering Holes
 Wine Tasting - Signage at the Wine Tasting
 Dessert Bar - Signage at the Dessert Bar

Print Sponsor - \$2,500 & Printing of Invitations & Tickets *

Foursome
 Program & Verbal Podium Recognition

**Prize Sponsor - \$100 retail value gift
OR minimum \$50 cash**

Company Name on donated prize
 Program & Verbal Podium Recognition

Cocktail Party Sponsors - \$1,000

One ticket for Golf, Lunch, Cocktails, Dinner, Prizes **OR**
 Two tickets for Cocktails, Dinner, Prizes
 Program & Verbal Podium Recognition
 Recognition on signage during cocktail hour

Tee Sign Sponsor - \$100

Program & Verbal Podium Recognition Company Name on Tee Sign

Name: _____

Company Name: (as it should appear in program)

Title: _____

Phone: _____

Address: _____

Email: _____

My Sponsorship Check payable to NFADA Charitable Foundation is Enclosed.

Please bill my credit card: Name on Card: _____ Card #: _____
 ___ Visa ___ AmEx Expiration Date: _____ Sec. Code: _____
 ___ MC Billing Zip Code: _____

EMAIL TO: CINDY@NFADA.COM

NFADA Charitable Foundation, 1144 Wehrle Dr., Williamsville, NY 14221

