

14th ANNUAL

GOLF FOR HOPE

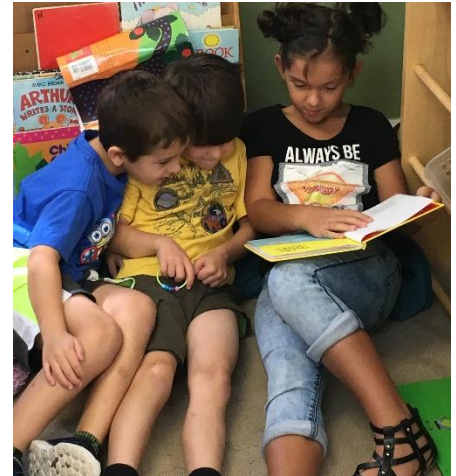


Saturday, April 6, 2019

7:30 AM REGISTRATION
8:30 SHOTGUN START

\$200 PER PLAYER
Includes golf and lunch

We have a maximum of 88 players



HOPE SPONSORSHIP

\$5000

LOGO ON 5' X 3' SPONSORSHIP
BANNER

3 - FOURSOMES AT THE
TOURNAMENT

3 HOLE SPONSORSHIPS WITH
LOGO

FULL PAGE AD IN EVENT FLYER
RECOGNITION AS
TOURNAMENT SPONSOR



LEARNING SPONSORSHIP

\$2500

LOGO ON 4'X2'SPONSORSHIP
BANNER

2 FOURSOMES AT THE
TOURNAMENT

2 HOLE SPONSORSHIPS
HALF PAGE AD IN EVENT FLYER
RECOGNITION AS EVENT
SPONSOR



WISH SPONSORSHIP

\$1500

2 FOURSOMES AT THE
TOURNAMENT

1 HOLE SPONSORSHIP
¼ PAGE AD IN EVENT FLYER



CART SPONSORSHIP

\$1000

1 FOURSOME AT THE
TOURNAMENT

LOGO ON ALL CARTS USED IN
THE TOURNAMENT



HOLE SPONSORSHIP

\$800

1 FOURSOME AT THE
TOURNAMENT

LOGO AT ONE HOLE



TEE SPONSORSHIP

\$250

LOGO RECOGNITION OF
SPONSORSHIP AT ONE TEE



Registration & Payment Information

www.hopecenterforautism.org

772-334-3288

Fax form to 772-872-7229 or mail to 1695 SE Indian Street Stuart, Florida 34997

REGISTRATION DEADLINE IS MARCH 29, 2019

Participant & Sponsor Registration information
 Please fill out this form as you would like it to appear for sponsorship information. Please email your logo to hcf@hopecenterforautism.org.
 This information will be used as it appears in this section.

SPONSORSHIP OPPORTUNTIES

COMPANY NAME: _____

I would like to support The Hope Center for Autism with a sponsorship:

- Hope Sponsorship (\$5,000) Learning Sponsorship (\$2500) Wish Sponsorship (\$1500)
 Cart Sponsorship (\$1000) Hole Sponsorship (\$800) Tee Sponsorship (\$250)

CREDIT CARD INFORMATION

NAME (as it appears on the card): _____

CARD TYPE: Visa Mastercard American Express Discover

Card # _____ **CVC:** _____ **Expiration:** ____/____
Month Year

Address

City _____ State _____ Zip Code _____

Authorized Signature _____ **Date:** _____

- I have enclosed a check for my sponsorship, payable to The Hope Center for Autism.
 Pay online at <http://www.hopecenterforautism.org>

GOLFER INFORMATION

Name _____ **Handicap** _____

Address: _____

Phone: _____ **Email:** _____

- I paid online I am an individual player and I have enclosed a check for \$200 (Golf/Lunch).
 I am part of a foursome and I have enclosed a check for \$700 (Golf/Lunch)

ADDITIONAL PLAYERS

Player 2 Name _____ **Handicap** _____

Player 3 Name _____ **Handicap** _____

Player 4 Name _____ **Handicap** _____

I am unable to attend, but I want to show my support with a donation.
 \$25.00 \$50.00 \$100.00 Other \$ _____

PLEASE MAIL OR FAX THIS FORM - DEADLINE FOR ENTRY IS FRIDAY, MARCH 29, 2019.
 For registration, payment or more information go to: <http://www.hopecenterforautism.org>
 The Hope Center is a 501c3 organization. Your donation/sponsorship/payment is tax deductible.
 EIN # 80-0099451