

## 33RD ANNUAL GOLF TOURNAMENT

### REGISTRATION FORM

*Please fill out both sides*

YES! I/We wish to support ValleyCare Charitable Foundation's 33rd Annual Golf Tournament on Monday, May 22, 2017, at the level indicated below.

**Please respond by April 30, 2017**, in order to be listed in the printed materials and the event signage. Sponsorship payments are not required at the time of your commitment.

#### PLEASE CHECK YOUR PREFERRED OPTION:

Premier Sponsor ..... \$35,000  
*Only one sponsorship available*

Major Sponsor ..... \$25,000

Eagle Sponsor ..... \$10,000

Dinner Sponsor ..... \$8,000  
*Only one sponsorship available*

Birdie Sponsor ..... \$5,000

BBQ Lunch Sponsor ..... \$4,000  
*Only one sponsorship available*

Corporate Sponsor ..... \$3,000

Golf Cart Sponsor ..... \$1,500

Par Sponsor ..... \$1,000

Beer Sponsor ..... \$800  
*Only two sponsorships available*

Tee Sponsor ..... \$250

Individual Player ..... \$550 (# of players \_\_\_\_\_ )

Dinner Only ..... \$70 (# of guests \_\_\_\_\_ )

I/We are unable to attend the event and will not be able to use our golf and dinner spots. Please direct my/our sponsorship dollars directly to ValleyCare Charitable Foundation or pass along our spots to community members, wherever the need is greatest.

I/We would like to make a tax-deductible donation to ValleyCare Charitable Foundation in the amount of \$\_\_\_\_\_.

I/We would like to make an In-Kind donation to the raffle. Please contact me about donating:

Merchandise

Services

Use of property

Gift certificate/card

Tickets to sporting or cultural events/venues

Other

Description of In-Kind donation/item: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fair Market Value of In-Kind donation: \$\_\_\_\_\_

*(Continued on back)*



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**PLAYER #1**

Name: (Required) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

**PLAYER #2**

Name: (Required) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

**PLAYER #3**

Name: (Required) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

**PLAYER #4**

Name: (Required) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

**DINNER GUEST #1**

Name: (Required) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

**DINNER GUEST #2**

Name: (Required) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

**DINNER GUEST #3**

Name: (Required) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

**DINNER GUEST #4**

Name: (Required) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: (Required) \_\_\_\_\_

*Golf includes: continental breakfast, BBQ lunch, green fees and golf cart, contests, tee prizes, on-course beverages, dinner and donation. You will receive an official acknowledgement letter for tax purposes.*

Sponsor/Donor Name (as it is to be listed in print) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT INFORMATION:**

Total Amount \$ \_\_\_\_\_

 Check enclosed payable to *ValleyCare Charitable Foundation*       Payment to follow on (date) \_\_\_\_\_Please charge:       M/C       Visa       AmEx

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT.** If you have any questions or need more information, please contact ValleyCare Charitable Foundation at (925) 373-4560 or [vccharitable@stanfordhealthcare.org](mailto:vccharitable@stanfordhealthcare.org)

You may also register online at [valleycare.com/fundraisingevents](http://valleycare.com/fundraisingevents)

Please mail, email ([vccharitable@stanfordhealthcare.org](mailto:vccharitable@stanfordhealthcare.org)) or fax (925-373-4117) both sides of this form to ValleyCare Charitable Foundation, 1111 E. Stanley Blvd., Livermore, CA 94550.