

34TH ANNUAL GOLF TOURNAMENT

REGISTRATION FORM

Please fill out both sides

YES! I/We wish to support ValleyCare Charitable Foundation's 34th Annual Golf Tournament on Monday, May 21, 2018, at the level indicated below.

Please respond by April 15, 2018, 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

Tee Sponsor \$1,000

Super Saver Raffle & Mulligan Package \$75

Package will be sold for \$100 at the tournament

(# of packages _____)

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 making a donation

I/We would like to learn more about underwriting opportunities. Please contact me.

(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, 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, after the event.

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

Contact Name _____ Title _____

Address _____

Work Phone _____ Cell Phone _____ Email _____

PAYMENT INFORMATION:

Total Amount \$ _____

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

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

You may also register online at valleycare.com/fundraisingevents

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