



Sponsorship Opportunities

	Innovation and Technology Sponsor \$50,000 Deposit of \$10,000 Tax-deductible amount of \$34,208	Title Sponsor \$30,000 Deposit of \$10,000 Tax-deductible amount of \$14,208	Platinum Sponsor \$15,000 Deposit of \$3,000 Tax-deductible amount of \$6,552	Gold Sponsor \$10,000 Deposit of \$2,000 Tax-deductible amount of \$6,116	Silver Sponsor \$7,500 Deposit of \$1,500 Tax-deductible amount of \$4,156	Bronze Sponsor \$5,000 Deposit of \$1,000 Tax-deductible amount of \$2,096
Event co-named with Providence St. Joseph Hospital		◆				
Special recognition in all e-communications and printed materials including invitation (printing deadline applies)	"Innovation and Technology Sponsor"	"Title Sponsor"	"Key Event Sponsor"	"Key Event Sponsor"		
Foursomes	3	3	2	1	1	1
Gift certificate per player	\$500 12 players <i>Exclusive shopping experience at Pro Shop</i>	\$500 12 players <i>Exclusive shopping experience at Pro Shop</i>	\$350 8 players	\$300 4 players	\$200 4 players	\$100 4 players
Player packets included	12 players	12 players	8 players	4 players	4 players	4 players
Name included on all event signage		◆				
Name/logo on reception cocktail napkins	◆					
Name/logo included on Step & Repeat	◆	◆	◆			
Recognition on registration signage	"Innovation and Technology Sponsor"	"Title Sponsor"	"Key Event Sponsor"	"Key Event Sponsor"		
Digital scoring	◆	◆	◆	◆	◆	◆
Name on Sponsor tee sign at each hole	◆	◆	◆	◆	◆	(4) tee signs
Corporate logo placed on the Foundation event webpage	◆	◆	◆	◆		
Exclusive meeting for one with an executive leadership team member or physician of your choice (subject to availability)	◆	◆	◆			
Corporate Partner annual wall recognition in the lobby of the Hospital	"Steward"	"Steward"	"Associate"	"Associate"	"Friend"	"Friend"
Complimentary drink tickets per player (redeemable at the drink carts or at reception)	6	6	5	4	3	2
Complimentary Premium Raffle tickets per player	4	4	2	1		



Underwriting Opportunities

All underwriters will be recognized on underwriting signage.

All underwriting opportunities are 100 percent tax deductible.

Tournament Setup \$7,000 › Special signage on course	On-Course Beverages \$2,500 › Special signage on course	Bloody Mary Bar \$1,000 › Special signage at Bloody Mary Bar
Player Gift Bags \$5,500 › Company name and logo on player gift bags › Limited to one donor	Spirit Tasting \$2,500 › Special signage on course	Closest to the Line \$1,000 › Special signage at contest hole
Graphic Design and Printing \$5,000 › Special recognition on printed materials	On-Course Photography \$2,000 › Special signage on course	Longest Drive \$1,000 › Special signage at contest hole
Awards/Digital Scoring \$3,500 › Special recognition at scoring table and on digital scoreboard	Player Breakfast \$2,000 › Special signage at breakfast	Putting Contest \$1,000 › Special signage on course
Lunch \$3,500 › Special signage at the lunch stations	Premium Raffle Package \$2,000 (minimum value) › Special signage at raffle drawing	Volunteer Shirts \$1,000 › Special signage at registration
Golf Balls \$3,000 › Name or logo on golf balls provided by Sponsor › Limited to one donor	Driving Range \$1,500 › Special signage on the driving range	Tee or Green Sign \$500 › Your name on tee or green sign
Golf Carts \$3,000 SOLD › Signage with your name or logo on all carts › Limited to one donor	On-Course Tents \$1,500 › Special signage on course	
Golf Towels \$3,000 › Name or logo on golf towels › Limited to one donor	Photo Booth Stop \$1,500 › Branded photo frame on each photo	

Providence St. Joseph Hospital Foundation (Federal Tax ID #95-1643359)
All sponsorship and underwriting opportunities must be paid in full by Friday, May 2, 2025.
 1010 W. La Veta Ave., Suite 300 + Orange, CA 92868 + 714-347-7900
 sjofoundation@providence.org + sjofoundation.org/golf
 In order to hold your sponsorship, a credit card on file will be required.





Response Form

I would like to be a Golf Tournament **Sponsor** at the following level:
(See enclosed page for details on sponsorship opportunities, deposit amount requirements and tax deductible amounts.)

Innovation and Technology Sponsor \$50,000	Title Sponsor \$30,000	Platinum Sponsor \$15,000	Gold Sponsor \$10,000	Silver Sponsor \$7,500	Bronze Sponsor \$5,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would like to be a Golf Tournament **Underwriter** of the following item(s) *(See enclosed page for details.):*

- | | | |
|--|---|--|
| <input type="checkbox"/> Tournament Set Up \$7,000 | <input type="checkbox"/> On-Course Beverages \$2,500 | <input type="checkbox"/> Bloody Mary Bar \$1,000 |
| <input type="checkbox"/> Player Gift Bags \$5,500 | <input type="checkbox"/> Spirit Tasting \$2,500 | <input type="checkbox"/> Closest to the Line \$1,000 |
| <input type="checkbox"/> Graphic Design & Printing \$5,000 | <input type="checkbox"/> On-Course Photography \$2,000 | <input type="checkbox"/> Longest Drive \$1,000 |
| <input type="checkbox"/> Awards/Digital Scoring \$3,500 | <input type="checkbox"/> Player Breakfast \$2,000 | <input type="checkbox"/> Putting Contest \$1,000 |
| <input type="checkbox"/> Lunch \$3,500 | <input type="checkbox"/> Premium Raffle Package \$2,000 | <input type="checkbox"/> Volunteer Shirts \$1,000 |
| <input type="checkbox"/> Golf Balls \$3,000 | <input type="checkbox"/> Driving Range \$1,500 | <input type="checkbox"/> Tee or Green Sign \$500 |
| <input type="checkbox"/> Golf Carts SOLD \$3,000 | <input type="checkbox"/> On-Course Tents \$1,500 | |
| <input type="checkbox"/> Golf Towels \$3,000 | <input type="checkbox"/> Photo Booth Stop \$1,500 | |

I would like to purchase Premium Raffle Package ticket(s). *(Raffle tickets are not tax deductible.)*
 1 for \$25 6 for \$100 Other _____
 I would like to donate an item for the raffle drawing.
 Sorry, I am unable to participate, but my donation of \$ _____ is enclosed to support Providence St. Joseph Hospital Cancer Services.

I would like my name or company to appear for recognition purposes as follows:

Company Name _____
 Name/Contact Person _____ Email _____
 Address _____
 City _____ State _____ ZIP _____
 Phone Number (____) _____ Fax Number (____) _____
 Check Enclosed \$ _____ Charge \$ _____
 Discover® Visa® Mastercard® American Express® Card # _____
 Exp. _____ Signature X _____

Due to our printing deadline, printed recognition at the event will not be available after Friday, April 25, 2025. In order to hold your sponsorship or ticket purchase, a credit card on file will be required. All sponsorship, underwriting, advertising and ticket purchases must be paid in full by Friday, May 2, 2025.



Participant Information

Please include all player emails for up-to-date information regarding the 2025 Golf Tournament and pre-registration.

Player #1

Name _____
 Company Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone (____) _____ Email _____

Player #2

Name _____
 Company Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone (____) _____ Email _____

Player #3

Name _____
 Company Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone (____) _____ Email _____

Player #4

Name _____
 Company Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone (____) _____ Email _____

Please send completed form with your check payable to:

Providence St. Joseph Hospital Foundation
 1010 W. La Veta Ave., Suite 300, Orange, CA 92868
 Tel: 714-347-7900 | Tax ID: 95-1643359

If you no longer wish to receive solicitations from us, please contact the Foundation at 714-347-7900 or sjofoundation@providence.org and you will be removed from the future mailings.

