



2017 SPONSORSHIP OPPORTUNITIES
 July 17, 2017 • Rush Creek Golf Club
 Supports Cancer Care at North Memorial Health



FOUNDATION

\$10,000

PRESENTING SPONSOR

\$5,000

DINNER SPONSOR

Four golfers for morning or afternoon session, clubhouse and cart recognition, tee box sign, recognition from podium during dinner.

\$4,000

LUNCH SPONSOR

Four golfers for morning or afternoon session, clubhouse and cart recognition, tee box sign, recognition from podium during lunch.

\$3,500

BREAKFAST SPONSOR

Four golfers for morning or afternoon session, clubhouse and cart recognition, tee box sign, recognition from podium during breakfast.

\$3,500

BEVERAGE SPONSOR

Four golfers for morning or afternoon session, recognition at Vodka Bar on course.

\$3,500

MARTINI/BLOODY MARY BAR SPONSOR

Four golfers for morning or afternoon session, recognition at Bloody Mary Bar on course.

\$2,500

FULL DAY BAG TAG SPONSOR

Four golfers for morning or afternoon session, corporate logo on all bag tags.

\$2,500

CART SPONSOR

Four golfers for morning or afternoon session, logo/name on all golf carts, tee box sign, clubhouse recognition.

\$2,000

AFTERNOON - CORPORATE FOURSOME

Four golfers for afternoon session, cart recognition, tee box sign.

\$1,500

MORNING - CORPORATE FOURSOME

Four golfers for morning session, cart recognition, tee box sign.

\$750

GIVE-AWAY BAG SPONSOR

Name/logo on all giveaway bags.

\$500

HOLE SPONSOR

Clubhouse recognition, tee box sign.

IN-KIND DONATIONS

If you would like to make an in-kind donation for the giveaway bags, contact North Memorial Foundation at 763-581-4814 or sharon.nygard@northmemorial.com

(Examples: golf ball sleeves, tees, markers, hats, sunscreen, lip balm, bottled water, snacks, etc.)

*All sponsorships include a hyperlinked logo on the North Memorial Foundation website.

Making Compassion Count Gala

**SATURDAY, SEPTEMBER 16, 2017
RADISSON BLU MALL OF AMERICA**

**JOIN US FOR OUR ANNUAL MAKING COMPASSION COUNT GALA
AT THE RADISSON BLU - MALL OF AMERICA IN SUPPORT OF CANCER CARE
AT NORTH MEMORIAL HEALTH**

SPONSORSHIP OPPORTUNITIES

GIVING LEVEL	PLATINUM \$15,000	GOLD \$10,000	SILVER \$7,500	BRONZE \$5,000	TABLE \$3,500
Invitation to VIP Reception	✓				
Ad in Program	Full Page	Full Page	Half Page	Quarter Page	
Logo on Promo Materials	✓	✓	✓	✓	✓
Hyperlinked Logo on Website	✓	✓	✓	✓	✓
Table(s) Night of Event (10 Guests)	2	1	1	1	1

***THERE'S "TREATMENT", AND THERE'S "HOW YOU'RE TREATED".
HELP US SUPPORT BOTH.***

BMO  Harris Bank

Making Compassion Count Gala

SATURDAY, SEPTEMBER 16, 2017
RADISSON BLU MALL OF AMERICA

SPONSORSHIP LEVEL

- _____ PLATINUM SPONSOR \$15,000
- _____ GOLD SPONSOR \$10,000
- _____ SILVER SPONSOR \$7,500
- _____ BRONZE SPONSOR \$5,000
- _____ TABLE SPONSOR \$3,500
- _____ INDIVIDUAL TICKET \$350
- _____ DONATION-AMOUNT \$ _____

Sponsor: _____

Contact: _____

Day Phone: _____

Billing Address: _____

City, State, Zip: _____

Email: _____

FOR ADDITIONAL INFORMATION
REGARDING SPONSORSHIP,
PLEASE CONTACT KENT SPAULDING AT:
KENT.SPAULDING@NORTHMEMORIAL.COM
OR 763.581.4812


NORTH
MEMORIAL HEALTH
FOUNDATION

- Please invoice me
- Payment enclosed
- Check payable to North Memorial Foundation
- Credit Card:
Credit Card # _____
Expiration Date: ____ / ____ CW Code: _____
Signature _____

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17

NORTH MEMORIAL HEALTH SPONSORSHIP COMMITMENT



Sponsor _____

Contact _____

Address _____

City, State, Zip _____

Email _____

Day Phone _____ Website _____

I/We would like to sponsor the:

GOLF TOURNAMENT

(sponsorship type)

\$ _____

ANNUAL GALA

(sponsorship type)

\$ _____

OTHER GIFT

(sponsorship type)

\$ _____

PLEASE INVOICE

PAYMENT ENCLOSED - **Check made payable to North Memorial Foundation**

CREDIT CARD VISA MC AMEX DISCOVER

Credit Card # _____

Name on Card _____

Billing Address _____

Expiration Date _____ Security Code _____

SIGNATURE _____

Many sponsorships include golf participation or seats at the annual gala.
Please indicate guests' names and emails who will be representing this sponsorship.

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

PLEASE FAX FORM TO:
763-581-4811

MAIL TO: **North Memorial Foundation**
3300 Oakdale Ave N Suite #425
Robbinsdale, MN 55422

THANK YOU
FOR YOUR SUPPORT!