12 Noon Tee Time with Lunch Prior at Ashland Golf Club



Raising Funds for Healthcare Scholarships

Sponsor Name		
Contact Name		
Phone ( )	Email Address	
Mailing Address		
Sponsors a		
Sportsors Please er	nail <b>Foundation@smcne.com</b> with	n your high resolution logo. (PDF, EPS or TIFF)
☐ \$150 Flag Prize Sponsor	· · · · · · · · · · · · · · · · · · ·	
offers exposure for your col sign with your logo on the	•	
□ <b>\$250 Hole Sponsor</b>   Pro		
by sponsoring a hole! A 24"	•	Inspire. Heal. Give.
company logo will be displ		
☐ \$300 Beverage Cart Spe		Councilous
happy to see the beverage cart! Your business logo will be displayed on the cart for all to see		<b>Saunders</b>
when it comes around.		MEDICAL CENTER
☐ \$500 Preferred Sponsor	AND THE SECOND COMMENTS OF THE PARTY OF THE	
includes a 4' x 8' banner highlighting your		<b>Foundation</b>
company at the start of the	e course.	
Golfers Includes: Lur	nch, golf & carts, dinner, free i	rounds of golf & gift bags for all players.
	400) <b>or 8 Golfers</b> (\$800)	
1	· · · · · · · · · · · · · · · · · · ·	
2.		Please make checks payable to Saunders Medical Center Foundation
3.		17CO County De 2017
		vvarioo, NE 00000.
4	4	
I'd like to make an addi	tional donation of \$	for Project Sunbeam   Scholarships.
Credit Card Information	TOTAL TO BE CHA	RGED \$
Cardholder Name		Billing Zip Code
Credit Card #		Expiration Date
CIRCLE ONE: Visa MasterCa	rd A <mark>merican Express Discove</mark>	r Security C <mark>ode</mark>
A		ty code i <mark>s the 3 or 4 d</mark> igit code at th <mark>e end of the signatur</mark> e field on your ca <mark>rd's back.</mark> the 4-digit code located above the actual credit card number on your card's front.
it you have any questions reg	arding the Saunders Medical Co	enter Foundation Golf Tournament, please

Your consideration and generosity are greatly appreciated.
We look forward to seeing you on the green!

contact Candi Johnston at (402) 443-1427, or via email at cjohnston@smcne.com. Registration is due May 30.