



PLAY FOR THE CURE GAME DAY

GOLF SPONSORSHIP AND TICKET OPPORTUNITIES

Monday, June 17, 2019 - Exmoor Country Club, Highland Park

*LUNCH WILL BE SERVED AT 12:00 p.m.
TEE OFF WILL BEGIN AT 1:00 p.m.*

Sponsorship Opportunities

\$7,500 Double Eagle Sponsor

- Two (2) foursome teams for eight (8) golfers
- Lunch, cocktail reception and dinner for eight (8) people
- Name recognition on two (2) golf course signs
- Name recognition on all pre- and post- event media

\$4,500 Eagle Sponsor

- One (1) foursome team for four (4) golfers
- Lunch, cocktail reception and dinner for four (4) people
- Name recognition on one (1) golf course sign
- Name recognition on all pre- and post- event media

\$2,000 Birdie Sponsor

- Golf for two (2) players
- Lunch, cocktail reception and dinner for two (2) people
- Name recognition on all pre- and post- event media

Ticket Opportunities

\$900 Golfer Ticket

- Golf for one (1) player
- Lunch, cocktail reception and dinner for one (1) person

\$550 Under 45 Golfer Ticket

Must be under 45 years of age to purchase \$550 tickets

- Golf for one (1) player
- Lunch, cocktail reception and dinner for one (1) person

For Game Day inquiries and sponsorship questions, contact Kristen Wuerl at kristen.wuerl@nm.org or 312.694.1465





Golf Sponsorship and Ticket RSVP

Kindly complete the form and return to the Lynn Sage Cancer Research Foundation via one of the methods listed below. Alternatively, you can complete a similar form online at <https://lynnsage.org/events/play-for-the-cure/>

Sponsorship Level

- \$7,500 DOUBLE EAGLE SPONSOR (8 players)
- \$4,500 EAGLE SPONSOR (4 players)
- \$2,000 BIRDIE SPONSOR (2 players)

Name to use for sponsor recognition _____

Kindly submit your golf signage recognition submission by **Monday, May 20, 2019** to Kristen Wuerl at kristen.wuerl@nm.org or 312.694.1465

- Please check here if you prefer not to be recognized for your sponsorship

Individual Ticket(s)

- \$900 GOLFER TICKET(S) _____
- \$550 GOLFER TICKET(S) _____

Player Information

Player Name:		Handicap:		E-mail:	
Player Name:		Handicap:		E-mail:	
Player Name:		Handicap:		E-mail:	
Player Name:		Handicap:		E-mail:	
Player Name:		Handicap:		E-mail:	
Player Name:		Handicap:		E-mail:	
Player Name:		Handicap:		E-mail:	
Player Name:		Handicap:		E-mail:	

Please let us know how many of your guests plan to attend dinner _____

Additional Support

- I/WOULD LIKE TO MAKE A DONATION \$ _____

Payment Options

- Enclosed is my check made payment to:
Lynn Sage Cancer Research Foundation
- Please send me an invoice
- Please charge my credit card in the amount of \$ _____

Name:					
Address:					
City, State, Zip:					
Phone:		E-mail:			
Credit Card Number:		Expiration Date:		CID:	
Cardholder Name:		Cardholder Signature:			

To return this form by mail or email please send to:

Lynn Sage Cancer Research Foundation
 541 North Fairbanks Court, Suite 800
 Chicago, Illinois 60611
 Kristen.wuerl@nm.org

Kindly submit your guest names by **Friday, May 31, 2019** to Kristen Wuerl at kristen.wuerl@nm.org or 312.694.1465

