



FRIDAY, APRIL 9, 2021
JW MARRIOTT WILDFIRE GOLF CLUB

SPONSORSHIP COMMITMENT FORM

Name/Company: _____

Contact Name and Phone (if company is sponsor): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email address: _____

PLEASE INDICATE HOW YOU WISH TO BE RECOGNIZED IN PRINTED MATERIALS:

I wish to participate in the 2021 Banner Children's Open as selected below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Presenting - \$60,000 | <input type="checkbox"/> FORE the Kids - \$7,500 | <input type="checkbox"/> Underwriting: Please designate \$ _____
for _____
<i>(insert name of item you wish to underwrite)</i> |
| <input type="checkbox"/> VIP Experience - \$30,000 | <input type="checkbox"/> Birdie - \$5,000 | <input type="checkbox"/> I cannot attend the event, but would like to
make a tax-deductible donation in the
amount of \$ _____ |
| <input type="checkbox"/> Eagle - \$15,000 | <input type="checkbox"/> Platinum Teddy Bear - \$3,000 | |
| <input type="checkbox"/> "Big Golf Game" - \$10,000 | <input type="checkbox"/> Pin Flag - \$1,000 | |
| <input type="checkbox"/> "Big Food Stop" - \$10,000 | | |

**To pay by credit card, please connect directly with Christine Stoffle: 480-239-2303.
Do not send credit card information through email.**

Signature: _____ Date: _____

IN ORDER TO RECEIVE ALL BENEFITS, INFORMATION MUST BE SUBMITTED ON OR BEFORE FEBRUARY 26, 2021.

Method of Payment:

- Please send an invoice for my sponsorship.
- Check # _____ enclosed. Please make check payable to Banner Health Foundation.

Banner Health Foundation (Tax ID 94-2545356) is a tax-exempt 501(c)(3) nonprofit organization.

When complete, please submit via:

Email: Golf@BannerHealth.com Fax: 602-747-3378

Questions, call: 480-239-2303