

# 2019 Lahey Hospital & Medical Center Golf Classic

Monday, June 10, 2019 · 11 a.m. registration  
Belmont Country Club, Belmont, MA



## 2019 Sponsorship Opportunities

To benefit Lahey Hospital & Medical Center

*Customized tournament sponsorship package available  
with benefits including breakfast with the CEO*

### Awards Dinner (2)

\$15,000

- Two threesomes with option to invite Lahey executives or physicians
- Tournament dinner sponsorship
- Recognition on Giving.LaheyHealth.org
- Logo recognition on four tees
- Banner recognition at event
- Logo recognition on dinner napkins
- Reserved table at awards dinner
- Verbal recognition at dinner  
(Tax deduction = \$7,300)

### Luncheon (2)

\$10,000

- One threesome with option to invite Lahey executive or physician
- Tournament lunch sponsorship
- Recognition on Giving.LaheyHealth.org
- Logo recognition on two tees
- Banner recognition at event
- Logo recognition on lunch napkins  
(Tax deduction = \$6,150)

**Not a golfer? Please help us in other ways  
and we will proudly promote your support!**

- Practice Area: \$2,500
- Registration Table: \$1,750
- Tee \$1,000

### Yard Marker Sponsor (2)

\$7,500

- One threesome with option to invite Lahey executive or physician
- Prominent 150-yard marker signage displayed on each par 4 and par 5 hole (14 signs)
- Logo recognition on one tee
- Banner recognition at event  
(Tax deduction = \$3,650)

### Eagle

\$6,000

- Foursome at tournament
- Logo recognition on one tee
- Banner recognition at event  
(Tax deduction = \$2,150)

### Birdie

\$3,250

- Twosome at tournament
- Logo recognition on one tee
- Banner recognition at event  
(Tax deduction = \$1,325)

### Single Golfer

\$1,500

(Tax deduction = \$538)

*All golfer sponsorships include player gifts, meals and complimentary beverages throughout the tournament.*

# 2019 Sponsorship Commitment Form

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# Yes!

- We wish to sponsor at the \_\_\_\_\_ Sponsor Level
- We wish to support the event with a donation of \$ \_\_\_\_\_

Name and Title \_\_\_\_\_

Company or Organization \_\_\_\_\_

Email \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Check enclosed (Please make payable to Lahey Hospital & Medical Center) Amount \$ \_\_\_\_\_

Bill my/our credit card     Visa     Mastercard     Discover     AMEX     Personal Card     Corporate Card

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

### Golfer Information

Name	Handicap

Send form to: Alice Coogan  
Corporate Relations  
Philanthropy  
41 Mall Road, Burlington, MA 01805  
781.744.5419 P · 781.744.5265 F  
Alice.Coogan@Lahey.org

