



We Impact Lives

14th Annual Golf Classic
Friday September 30, 2011
Sponsorship Form

Company Name _____

Address _____

City, State, Zip _____

Phone _____ **FAX** _____

Contact _____

E-Mail _____

Check # _____ **Invoice Y /N Billing Address** _____

PO # _____ **Special Instructions** _____

SPONSORSHIP LEVELS:

Partner Sponsor (\$10,000) _____ Grand Chapeau (\$5,000) _____ Top Hat (\$2,500) _____

Tip of Hat (\$1,250) _____ Hole Sponsor (\$350) _____ 2 Hole Sponsor (\$600) _____

Make your Own Sponsorship _____

(Please be sure to fill out a registration form for players/teams)

Total Amount \$ _____

Bill to Credit Card

VISA/MC# _____ **EXP DATE** _____

SIGNATURE _____

If paying by check, please make check payable to NETWORK for the total amount.

Place "Golf Tournament" in remarks and return to:

Network of Community Ministries

741 S. Sherman St.

Richardson, TX 75081

Any questions, please call: Joanne Smith at 972-234-4758

E-Mail: finance@thenetwork.org

Caring, Coaching and Empowering Our Neighbors in Need as They Seek an Improved Quality of Life.

NETWORK of Community Ministries, Inc. 741 South Sherman St. Richardson, TX 75081 TEL: 972-234-8880 FAX: 972-234-8892