

45th Annual Sharp HealthCare Foundation Golf Tournament



Sponsorship Opportunities

Beneficiary:

All tournament proceeds will benefit life-saving programs and services at Sharp Memorial Hospital, including Emergency and Trauma Services

SHARP HealthCare
Foundation



Sharp HealthCare Foundation is a 501(c)(3) not-for-profit organization.
Federal Tax ID #95-3492461

45th Annual Sharp HealthCare Foundation Golf Tournament

When:

Monday, September 24, 2018
10:30am, Shotgun Start
Tournament awards banquet to follow tournament play

Where:

The Santaluz Club
8170 Caminito Santaluz East
San Diego, California

2018 Golf Committee:

Jennifer Baker
Todd Brooks
Bridget Garwitz
Tony Guerra
Liz Hawkins
Jerry Jackson
Joe Jones
Mike Labelle
Cary Lucian
Marlena Montgomery
Kelly Moriarty
Jaye Park, Co-Chair
Phil Soule
Donna Serpico-Thompson, Co-Chair
Jim Skeen
Tom Tourtellott

Sharp HealthCare Foundation Staff Contact:

Lisa Bresnahan
(858) 499-4823
Lisa.bresnahan@sharp.com

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Exclusive Sponsor Benefits:

Sponsor Levels	
Presenting Sponsor \$20,000	<ul style="list-style-type: none"> • Top tournament billing— "XYZ Company" presents Sharp HealthCare Foundation Golf Tournament • Twelve (12) individual tournament players with special tee prize • Full-page advertisement in tournament electronic program & recognition in tournament publicity • Company banner (provided by sponsor) displayed at entrance to event • VIP seating at tournament banquet dinner • Recognition and logo in all tournament publicity • Company name on all holes • Option to include promotional materials (provided by sponsor) in player bags • Acknowledgement from podium during awards ceremony • Recognition in Sharp HealthCare Foundation's newsletters and publications • Invitation to the Sharp Distinguished Corporate Sponsor Breakfast with Sharp leadership
Double Eagle Sponsor \$15,000	<ul style="list-style-type: none"> • Eight (8) individual tournament players with special tee prize • Full-page advertisement in tournament electronic program • Company banner (provided by sponsor) displayed at event • VIP seating at tournament banquet dinner • Company name on assigned hole • Option to include promotional materials (provided by sponsor) in player bags • Invitation to the Sharp Distinguished Corporate Sponsor Breakfast with Sharp leadership
Eagle Sponsor \$10,000	<ul style="list-style-type: none"> • Eight (8) individual tournament players with special tee prize • Full-page advertisement in tournament electronic program • Company banner (provided by sponsor) displayed at event • VIP seating at tournament banquet dinner • Company name on assigned hole • Option to include promotional materials (provided by sponsor) in player bags • Invitation to the Sharp Distinguished Corporate Sponsor Breakfast with Sharp leadership
Birdie Sponsor \$5,000	<ul style="list-style-type: none"> • Four (4) individual tournament players with special tee prize • Full-page advertisement in tournament electronic program • Company banner (provided by sponsor) displayed at event • Seating at tournament banquet dinner • Option to include promotional materials (provided by sponsor) in player bags • Invitation to the Sharp Distinguished Corporate Sponsor Breakfast with Sharp leadership

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Masters Sponsor \$2,500	<ul style="list-style-type: none">• Two (2) individual tournament players with special tee prize• Company logo in tournament electronic program• Company banner (provided by sponsor) displayed at event• Seating at tournament banquet dinner• Option to include promotional materials (provided by sponsor) in player bags• Invitation to the Sharp Distinguished Corporate Sponsor Breakfast with Sharp leadership
Other Sponsor Levels	Contact Lisa Bresnahan at Sharp HealthCare Foundation at (858) 499-4823 or lisa.bresnahan@sharp.com for more information.

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*Important Dates:

Due Date	What we need from you:
Sept. 3, 2018	<ul style="list-style-type: none">• To be included in the event program, the pledge form or full payment must be received• Last day to deliver artwork for your ad in the program• Player names (if you would like to host a Sharp HealthCare executive, staff member or affiliated physician, please let us know)• Promotional materials delivered to Sharp HealthCare Foundation for player bags (please deliver a quantity of 144)• Company banner delivered to Sharp HealthCare Foundation
Sept. 10, 2018	<ul style="list-style-type: none">• Final payment due

Ad Specifications:

Full Page: 10”w by 5.63”h

The electronic advertisement is **16:9 PowerPoint slides** that will run on loop throughout the day. The full size page is **10 inches wide by 5.63 inches tall – landscape orientation**. If you have questions or are unable to create a high quality ad, we will be happy to assist. Any questions, please contact Lisa Andrews at (858) 499-4823 or lisa.andrews@sharp.com.

Ads are due no later than September 3, 2018

Please help us retain our quality standard by submitting high-resolution artwork (no low-resolution or internet artwork please). If you have questions or are unable to create a high quality ad, we will be happy to assist. Any questions, please contact Lisa Bresnahan at (858) 499-4823 or lisa.bresnahan@sharp.com.

45th Annual Sharp HealthCare Foundation Golf Tournament Pledge Sheet

Yes!

We will sponsor the
45th Annual Sharp HealthCare Foundation Golf Tournament:

- | | |
|---|---|
| <input type="checkbox"/> \$20,000 Presenting Sponsor | <input type="checkbox"/> \$5,000 Birdie Sponsor |
| <input type="checkbox"/> \$15,000 Double Eagle Sponsor | <input type="checkbox"/> \$2,500 Masters Sponsor |
| <input type="checkbox"/> \$10,000 Eagle Sponsor | |
| <input type="checkbox"/> Other: _____ | |
- We cannot attend or sponsor this event, but would like to make a tax-deductible gift of \$_____ to support Sharp Memorial Hospital.

Sponsor Name Should Appear As: _____

Please be sure to include your company or name as you want it listed in the tournament program

Main Contact Name: _____

Contact Company/Title: _____

Address: _____

City, State & Zip: _____

Phone Number: _____ Email: _____

Payment:

- Check: please make checks payable to Sharp HealthCare Foundation
- Credit Card: Visa, MasterCard, or American Express

Card Number: _____ Exp. Date: _____

Name on card: _____

- Personal card Business card

Please return to Sharp HealthCare Foundation
8695 Spectrum Center Blvd., San Diego, CA 92123
Phone: (858) 499-4823 Fax: (858) 499-4546

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Sign Me Up!

September 24, 2018 ~ The Santaluz Club

Return to SHF: lisa.bresnahan@sharp.com
Phone: (858) 499-4823 Fax: (858) 499-4546

My foursome will include the following players (*be sure to include current index and email*):

Player 1:

Name _____ Current Index _____ or Avg. Score _____

Company _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Player 2:

Name _____ Current Index _____ or Avg. Score _____

Company _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Player 3:

Name _____ Current Index _____ or Avg. Score _____

Company _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Player 4:

Name _____ Current Index _____ or Avg. Score _____

Company _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____