



Skyline Scramble

Golf Tournament

Saturday, August 17, 2024 * 8 a.m.

2024 Sponsorship Opportunities



Presenting Ace Sponsor \$7,500

- Three teams of four with golf carts
- Lunch for participants
- Enhanced on course business logo recognition
- Branded organizational signage/banners at clubhouse
- Recognition in print, web and social media outreach
- Verbal recognition from the podium at tournament awards reception
- Name recognition on Skyline Health Foundation's donor wall
- Recognition in Skyline Health's "Giving Health" newsletter (mailed to nearly 10,000 households)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible as allowed by law, Fair Market Value applies

Eagle Sponsor \$5,000

- Two teams of four with golf carts
- Lunch for participants
- Enhanced on course business logo recognition
- Recognition in print, web and social media outreach
- Verbal recognition from the podium at tournament awards reception
- Name recognition on Skyline Health Foundation's donor wall
- Recognition in Skyline Health's "Giving Health" newsletter (mailed to nearly 10,000 households)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible as allowed by law, Fair Market Value applies

(Over)

Driver Sponsor \$3,000

- One team of four with golf carts
- Lunch for participants
- Enhanced on course business logo recognition
- Business logo recognition at the putting green
- Recognition in print, web and social media outreach
- Recognition in Skyline Health's "Giving Health" newsletter (mailed to nearly 10,000 households)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible as allowed by law, Fair Market Value applies

Closest to the Pin Sponsor \$1,500

- Business logo recognition at contest hole
- Recognition in print, web and social media outreach
- Recognition in Skyline Health's "Giving Health" newsletter (mailed to nearly 10,000 households)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible as allowed by law

Putting Green Sponsor \$1,000

- Business logo recognition at contest hole
- Recognition in Skyline Health's "Giving Health" newsletter (mailed to nearly 10,000 households)
- Tax-deductible as allowed by law

Tee Box Sponsor \$750

- Business logo recognition on a tee box
- Tax-deductible as allowed by law

All net proceeds benefit Skyline Health's Breast Health Program. Additional sponsorships may be available. Please contact Elizabeth Vaivoda, Foundation Director, at 509-637-2602 or evaivoda@myskylinehealth.org for more information.

The Skyline Scramble

Indian Creek Golf Course, Hood River, Ore.

Aug. 17, 2024

Registration Form

(Please Print)

100 percent of the net-proceeds benefit

Skyline Health's Breast Health Program

- | | |
|---|--|
| <input type="checkbox"/> Presenting Ace Sponsor (\$7,500) | <input type="checkbox"/> Closest to the Pin (\$1,500) |
| <input type="checkbox"/> Eagle Sponsor (\$5,000) | <input type="checkbox"/> Putting Green Sponsor (\$1,000) |
| <input type="checkbox"/> Driver Sponsor (\$3,000) | <input type="checkbox"/> Tee Box Sponsor (\$ 750) |

Skyline Scramble Golf team of four ____ x \$600 per team = _____

Mulligans (3 per player & 12 per team) ____ x \$10/mulligan = _____

Total Payment _____

Corporation Name: _____ Contact Name: _____

Contact Phone Number: _____ Email: _____

Business Address: _____

Please let us know how you would like your organization recognized on printed materials:

Total of \$ _____ enclosed or to be charged on a credit card.

Payment Information: Please make checks payable to Skyline Health Foundation. If paying by credit card, please provide the following information:

Visa MasterCard Discover

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____ CSC # (on back of card): _____

If your level of sponsorship includes a golf team (see sponsorship opportunities) or if you're purchasing a team, please fill out the following information.

Golf Team Information:

Team Captain: _____ **Team Name:** _____
Company: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Email: _____

Player #2: _____
Company: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Email: _____

Player #3: _____
Company: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Email: _____

Player #4: _____
Company: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Email: _____

**Thank you for your support of Skyline Health Foundation and the Skyline Scramble.
We look forward to seeing you on August 17!**

Please return the completed form to Elizabeth Vaivoda at Skyline Health Foundation, P.O. Box 1625, White Salmon, WA 98672 or by email to evaivoda@myskylinehealth.org.