CAPITAL REGION MEDICAL FOUNDATION
(Tax Identification Number: 43-1506900)
BILL AND SHIRLEY QUIGG MEMORIAL GOLF TOURNAMENT
June 29, 2020

SPONSORSHIP APPLICATION

● INVITATION

You are cordially invited to be a sponsor of the 23rd Annual
Capital Region Medical Foundation Bill and Shirley Quigg Memorial Golf Tournament.
A prestigious special event to honor a special family and to raise funds for a special project.

● BENEFITS/RECOGNITION

✰ All sponsors are invited to attend the after-tournament cocktail party where we will meet with fellow sponsors, players and VIPs, enjoy good food and award prizes.
✰ Sponsors will be recognized in the Bill and Shirley Quigg Memorial Golf Tournament Program.
✰ Each sponsor will be recognized with prominently displayed signage during the tournament.
✰ Sponsors who contribute $500 and above will be recognized with a plaque on our Donor Recognition Wall located prominently at Capital Region Medical Center. Donations to the Foundation are recognized on a cumulative basis.
✰ Sponsors will be recognized publicly with a local newspaper thank-you ad.

● OPPORTUNITIES / PARTICIPATION

We will sponsor the Bill and Shirley Quigg Memorial Golf Tournament at the following level:

- Premium Item (Exclusive) (Donor has Preselected this Opportunity) .................................... $5,000
- Cocktail Party Host (Exclusive) .................................................................................. 5,000
- Green Fees ................................................................. 5,000
- Golf Carts ................................................................. 2,500
- Awards/Prizes .......................................................... 2,500
- Putting Green .......................................................... 1,500
- Driving Range .......................................................... 1,500
- Lunch Host ................................................................. 1,500
- Closest to the Pin Contest ........................................ 1,500
- Longest Drive Contest .............................................. 1,500
- Special Friend .......................................................... 1,000
- Special Patron ........................................................... 500
- Advertising Sponsor .................................................. 400
- Hole Sponsor ............................................................. 250
- Tee Sponsor .............................................................. 150

● ORGANIZATION INFORMATION

Name: __________________________________________________________________
Address: __________________________________________________________________
Contact: _______________________________ Phone: _______________________________
Email: _______________________________

Please return your sponsorship form in the enclosed envelope or mail to:
Capital Region Medical Foundation  P. O. Box 1128  Jefferson City, MO  65102-1128
(573) 632-5007  rkempker@crmc.org

✰ THANK YOU✰