



**S K Y L I N E**  
F O U N D A T I O N

## **Skyline Scramble**

### **Golf Tournament**

**Saturday, Aug. 18, 2018 \* 8 a.m.**

### **2018 Sponsorship Opportunities**



#### **Presenting Ace Sponsor \$5,000**

- Two teams of four with golf carts
- Lunch for participants
- Enhanced on course business logo recognition (logo on every hole and cart)
- Banner at clubhouse
- Recognition in print, web and social media outreach
- Verbal recognition from the podium at tournament awards reception
- Name recognition on Skyline Foundation's donor wall
- Recognition in Skyline Hospital's "Giving Health" fall newsletter (mailed to 9,650 households/ businesses)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible

#### **Eagle Sponsor \$3,000**

- One team of four with golf carts
- Lunch for participants
- Enhanced on course business logo recognition (logo on four holes)
- Recognition in print, web and social media outreach
- Name recognition on Skyline Foundation's donor wall
- Recognition in Skyline Hospital's "Giving Health" fall newsletter (mailed to 9,650 households/ businesses)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible

**(Over)**

# Skyline Scramble

## Golf Tournament

### 2018 Sponsorships (continued)

#### Putting Green Sponsor \$1,000

- Business logo recognition at the putting green
- Recognition in print, web and social media outreach
- Recognition in Skyline Hospital's "Giving Health" fall newsletter (mailed to 9,650 households/ businesses)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible

#### Closest to the Pin Sponsor \$1,000

- Business logo recognition at contest hole
- Recognition in print, web and social media outreach
- Recognition in Skyline Hospital's "Giving Health" fall newsletter (mailed to 9,650 households/ businesses)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible

#### Birdie Sponsor \$500

- Business logo recognition on two tee boxes
- Opportunity to include company branded items in player packets (Sponsor provides)
- Tax-deductible

#### Tee Box Sponsor \$250

- Business logo recognition on one tee box
- Tax-deductible

All net proceeds benefit Skyline Foundation's *Expanding on Excellence* capital campaign supporting the expansion of Skyline Hospital's Emergency Department. Additional sponsorships may be available. Please contact Dawn Nielson, Foundation Coordinator, at 509-637-2603 or [dawnnielson@skylinehospital.org](mailto:dawnnielson@skylinehospital.org) for more information.

# The Skyline Scramble

Indian Creek Golf Course, Hood River, Ore.

Aug. 18, 2018

## Sponsor Registration Form

(Please Print)

**100 percent of the net-proceeds benefit**

**Skyline Hospital's Emergency Department Renovation/Expansion**

- |   |   |
|---|---|
| <input type="checkbox"/> Presenting Ace Sponsor (\$5,000) | <input type="checkbox"/> Eagle Sponsor (\$3,000)              |
| <input type="checkbox"/> Putting Green Sponsor (\$1,000)  | <input type="checkbox"/> Closest to the Pin Sponsor (\$1,000) |
| <input type="checkbox"/> Birdie Sponsor (\$ 500)          | <input type="checkbox"/> Tee Box Sponsor (\$ 250)             |

Skyline Scramble Golf Ticket team of four \_\_\_\_x \$400 per team = \_\_\_\_

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 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): \_\_\_\_\_

Please return the completed form to Dawn Nielson at Skyline Foundation, P.O. Box 1625, White Salmon, WA 98672 or by email to [dawnnielson@skylinehospital.org](mailto:dawnnielson@skylinehospital.org).

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

**Golf Team Information:**

**Team Captain:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_  
Company: \_\_\_\_\_ Handicap: \_\_\_\_\_  
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 Foundations and the Skyline Scramble.**

**We look forward to seeing you on August 18!**