

Boca Raton Regional Hospital

14TH ANNUAL

Golf Tournament

PRESENTED BY



Monday, October 24, 2011 • Boca West Country Club

COMMITMENT FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

I would like to support Boca Raton Regional Hospital's 14th Annual Golf Tournament by making a pledge at the following level:

Presenting Sponsor | \$25,000 Awards Dinner Sponsor | \$15,000 Brunch Sponsor | \$15,000

Course Concessions Sponsor | \$10,000

Amenity Sponsor | \$10,000 Item: _____ Course Sponsor | \$5,000 Item: _____

Amenity Sponsor | \$7,500 Item: _____ Course Sponsor | \$2,500 Item: _____

Amenity Sponsor | \$5,000 Item: _____ Tee Sign Sponsor | \$500

\$2,000 Foursome \$1,000 Physician Foursome \$625 Individual Player

DONATION

I would like to support the Boca Raton Regional Hospital's 14th Annual Golf Tournament by making a donation in the amount of: \$ _____

PAYMENT

Form of payment: Check _____ Credit Card _____ Bill me _____ *

Please make checks payable to "BRRH Foundation, Inc."

Name on card: _____

Credit card number: _____

Expiration date: _____

Signature: _____ Date: _____

* Please bill me on the following date: _____ Payment due by October 1, 2011

Please feel free to call in your sponsorship and foursome request to BRRH Foundation, Inc. at 561-955-3249 or slongo@brrh.com or mail to 745 Meadows Road, Boca Raton, FL 33486

Thank you for supporting Boca Raton Regional Hospital!

