



CORPORATE PARTNERSHIP PACKAGE

COMMITMENT FORM

Thank you for your sponsorship of the Temple Beth Am Annual Golf Tournament. Your contribution will make a meaningful impact on Temple Beth Am and all the educational, cultural, athletic, and spiritual programs that make our community thrive. Your company will be recognized in the event program and event signage as a sponsor.

SPONSORSHIP LEVEL

- | | | |
|--|---|---|
| <input type="checkbox"/> PRESENTING SPONSORSHIP - \$16,500 | <input type="checkbox"/> SCORECARD SPONSORSHIP - \$4,750 | <input type="checkbox"/> CORPORATE FOURSOME SPONSORSHIP - \$2,200 |
| <input type="checkbox"/> PLATINUM REGISTRATION SPONSORSHIP - \$8,500 | <input type="checkbox"/> HOLE IN ONE SPONSORSHIP - \$4,750 | <input type="checkbox"/> BIRDIE SPONSORSHIP - \$1,320 |
| <input type="checkbox"/> COCKTAIL RECEPTION SPONSORSHIP - \$5,500 | <input type="checkbox"/> UMBRELLA SPONSORSHIP - \$4,750 | <input type="checkbox"/> TENT SPONSORSHIP - \$1,320 |
| <input type="checkbox"/> AWARDS CEREMONY SPONSORSHIP - \$5,500 | <input type="checkbox"/> SUNGLASSES SPONSORSHIP - \$4,400 | <input type="checkbox"/> PUTTING CONTEST SPONSORSHIP - \$825 |
| <input type="checkbox"/> "FRONT 9" SPONSORSHIP - \$5,000 | <input type="checkbox"/> HAT SPONSORSHIP - \$3,300 | <input type="checkbox"/> BEVERAGE CART(S) SPONSORSHIP - \$825 |
| <input type="checkbox"/> "BACK 9" SPONSORSHIP - \$5,000 | <input type="checkbox"/> EAGLE SPONSORSHIP - \$2,750 | <input type="checkbox"/> DRIVING RANGE SPONSORSHIP - \$825 |
| <input type="checkbox"/> GOLF CART SPONSORSHIP - \$4,750 | <input type="checkbox"/> BEAT THE RABBI SPONSORSHIP - \$2,750 | <input type="checkbox"/> TEE SPONSORSHIP - \$550 |

SPONSOR INFORMATION (As it should appear in the program and on signage)

Donor Name/Business Owner
(Name that appears on the thank you note/tax letter sent to)

Address

City State Zip

Phone Cell

Email Fax

PAYMENT INFORMATION (To sponsor online, please visit www.tbam.org/golf)

☐ Enclosed is my check for \$ payable to Temple Beth Am.

☐ Visa ☐ MasterCard ☐ American Express

Name (if different than above)

Address City State Zip

Credit Card # Exp CCV

Signature

SUBMIT THIS FORM TO Nancy Levy, Associate Development Director at nlevy@tbam.org

QUESTIONS? Call Nancy Levy at 786.378.8138.