



**2018 MADELYN'S FUND CELEBRITY GOLF TOURNAMENT
SPONSORSHIP OPPORTUNITIES
MONDAY, MAY 7, 2017 | CHARLOTTE COUNTRY CLUB**

WE ARE SO THANKFUL FOR THE GENEROSITY OF OUR SPONSORS.
YOUR SUPPORT HELPS MAKE OUR EVENT A SUCCESS AND ENSURES
THAT MADELYN'S FUND CAN SUPPORT THE MANY NICU FAMILIES
IN NEED WHILE PROVIDING YOU THE OPPORTUNITY TO PROMOTE
AND MARKET YOUR BUSINESS.

PLEASE CONSIDER A TAX DEDUCTIBLE GIFT TO SUPPORT MADELYN'S FUND IN THESE WAYS:

GOLF SPONSOR | \$5,000

- ONE FOURSOME IN TOURNAMENT
- PLAY WITH CELEBRITY
- PLAYER GIFT BAGS
- COMPANY RECOGNITION ON WEBSITE AND SOCIAL MEDIA
- COMPANY LOGO ON SPONSOR BANNER AT TOURNAMENT

HOLE SPONSOR | \$1,000

- TEE SIGNAGE
- COMPANY RECOGNITION ON WEBSITE



MADELYN'S FUND

2018 CELEBRITY GOLF TOURNAMENT SPONSORSHIP

MADELYN'S FUND
C/O NOVANT HEALTH FOUNDATION
PO BOX 33549
CHARLOTTE, NC 28233

FOUNDERS:
RACHEL AND ANDY LEE
RACHEL@MADELYNSFUND.ORG
ANDY@MADELYNSFUND.ORG

FOUNDATION CONTACT:
PENNY HAWKINS
PHHAWKINS@NOVANTHEALTH.ORG
(704) 384-9840

TAX ID#
58-1413074

WWW.MADELYNSFUND.ORG

MY INFORMATION

Contact Name _____

Billing Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Please recognize us in print* as:

Please do not acknowledge this donation publicly

MY IMPACT

I am honored to support Madelyn's Fund as a Sponsor of the 2018 Celebrity Golf Tournament!

\$5,000 Golf Foursome Sponsor (please submit a high resolution logo in PDF format)

\$1,000 Hole Sponsor (please submit a high resolution logo in PDF format)

MY DONATION

I am **ENCLOSING** a check made to Novant Health Foundation with Madelyn's Fund in the memo line. Check # _____ Check \$ _____

I am **PAYING** my donation online now at madelynsfund.org/sponsorships

I am **PLEDGING** my donation. Please send me an invoice in _____ (month), 20____.

My employer matches donations. Employer Name _____

MY AUTHORIZATION

Thank you for your generosity. Your donation is tax deductible as allowed by current tax laws. By signing below, I/we are committing to the above donation/pledge to Madelyn's Fund.

X _____ Date _____
Type name here for signature

*To ensure print recognition, please return completed form, payment, and logo (if applicable) to the address above prior to March 1, 2018.