



LA MAESTRA
COMMUNITY HEALTH CENTERS
 City Heights • El Cajon • National City • Lemon Grove



14th Annual Golf Tournament

Friday, September 15, 2017

SPONSORSHIP OPPORTUNITIES

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____ Email: _____

- PLATINUM SPONSOR \$ 10,000
- GOLD SPONSOR \$ 5,000
- SILVER SPONSOR \$ 2,500
- BRONZE SPONSOR \$ 1,000
- HOLE SPONSOR \$ 500
- RAFFLE PRIZE

- GOODY BAG ITEMS (150 BAGS)

Enclosed is my check for \$ _____

Please make your check payable to:

La Maestra Family Clinic, Inc.

**Checks are preferred form of payment*

Please charge my card \$ _____

Card Number _____

Expiration _____ Security Code _____

Billing Address _____

City, State, Zip _____

Signature _____

By signing below I, _____, certify that I fully understand the benefits entitled through the level of sponsorship selected on this form. I am aware of the September 8, 2017 deadline for submitting logo and program files or other sponsorship materials.

Signature _____ Date _____

PLEASE RETURN THIS FORM AND PAYMENT TO:

Gloria Sosa
 La Maestra Family Clinic
 4060 Fairmount Ave.
 San Diego, CA 92105

Tel: 619-584-1612 ext. 3111
 Fax: 619-281-6738
 gsosa@lamaestra.org