



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



# 12<sup>th</sup> Annual Golf Tournament

## Friday, September 11, 2015

## SPONSORSHIP OPPORTUNITIES

### PLATINUM SPONSOR \$ 10,000 DONATION

#### BENEFITS:

Full Page Display Space in Program  
Top Tier Logo Inclusion in Event Welcome Signage  
and Banquet Slideshow Presentation  
Logo Inclusion on Website and e-blast Promotions  
Exclusive Speaking Opportunity at Banquet  
Three Foursomes

### GOLD SPONSOR \$ 5,000 DONATION

#### BENEFITS:

Half Page Display Space in Program  
Logo Inclusion in Event Welcome Sign  
and Banquet Slideshow Presentation  
Logo Inclusion on Website and e-blast Promotions  
Two Foursomes

### SILVER SPONSOR \$ 2,500 DONATION

#### BENEFITS:

1/4 Page Display Space in Program  
Logo Inclusion in Banquet Slideshow Presentation  
Name Displayed on Event Welcome Sign, Website and e-blast Promotions  
One Foursome

### BRONZE SPONSOR \$ 1,000 DONATION

#### BENEFITS:

1/8 Page Display Space in Program  
Logo Inclusion in Banquet Slideshow Presentation  
Name Displayed on Event Welcome Sign, Website and e-blast Promotions  
Two Players

### HOLE SPONSOR \$ 500 DONATION

#### BENEFITS:

Logo Displayed on Sign at Hole  
Logo Inclusion in Slideshow Presentation  
Name Displayed on Website and e-blast Promotions  
One Player

**ASK US ABOUT INCLUDING YOUR PROMOTIONAL PRODUCTS IN GOLFER GOODY BAGS!**

**FOURSOME: \$ 700 DONATION    INDIVIDUAL: \$ 175 DONATION**  
Contact Lindy Webb for more information. t: 619-584-1612 ext. 3021 / e: [lindy@lamaestra.org](mailto:lindy@lamaestra.org)



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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 August 21, 2015 deadline for submitting logo and program files or other sponsorship materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE RETURN THIS FORM AND PAYMENT TO:

Lindy Webb  
La Maestra Family Clinic  
4060 Fairmount Ave.  
San Diego, CA 92105

Tel: 619-584-1612 ext. 3021  
Fax: 619-281-6738  
lindy@lamaestra.org