



7th
ANNUAL

Ted Vander Meer
Memorial Golf Classic
Monday, August 19th, 2019
2019 Sponsorship

2019 Top Event Sponsor



Name _____ Company _____

Address _____

Phone _____ Email _____

SPONSORSHIP

TVM Event*

- Golf, lunch, & dinner for 6 players
- Reserved table at dinner
- Top logo on event banner
- Year-long recognition on CLS website
- Name and logo on dinner program
- Company banner displayed at dinner program
- Logo and company name on all news releases
- Signage on every golf cart
- Company logo on all event shirts
- Social media recognition

QTY _____ Price **\$3,750**

SOLD

Platinum*

- Golf, lunch, & dinner for 4 players
- Reserved table at dinner
- Logo on event banner
- Recognition on CLS website
- Name and logo on dinner program
- Company banner displayed at dinner program

QTY _____ Price **\$3,000**

Diamond

- Golf, lunch, & dinner for 4 players
- Reserved table at dinner
- Logo on event banner
- Recognition on CLS website

QTY _____ Price **\$2,500**

Gold

- Golf, lunch, & dinner for 2 players
- Reserved table at dinner
- Logo on event banner
- Recognition on CLS website

QTY _____ Price **\$2,000**

Silver

- Golf, lunch, & dinner for 2 players
- Logo on event banner
- Recognition at dinner program

QTY _____ Price **\$1,250**

TVM Specialty Drink Bar*

QTY _____ Price **\$2,500**

Score Card/Score Board*

QTY _____ Price **\$1,000**

Beverage Cart

- Custom signage on beverage cart

QTY _____ Price **\$500**

Hole

- Signage on green

QTY _____ Price **\$250**

In lieu of sponsorship,
I would like to donate _____

Monetary and/or product donations are welcome

* Indicates only 1 sponsorship available at this level.
Act fast to reserve this sponsorship!

Deadline to register: June 15th, 2019

Check one:

____ Enclosed is a check for \$ _____
Please make checks payable to
CLS/TVM Memorial Golf Classic

____ Please charge my card

____ Visa ____ MasterCard ____ Discover ____ American Express
(please circle one)

Cardholder Name _____

Card # _____

Expiration Date _____ 3-digit code _____

Signature _____

Total amount charged: \$ _____

Please mail form & payment to:
CLS c/o Wendy Vander Meer
4200 Manchester Rd.
Kalamazoo, MI 49001

Questions? Call Wendy at (269) 760-3238



Thank you for supporting the American Cancer Society!!!