



LITTLETON REGIONAL HEALTHCARE
28th Annual Dr. Moose Golf Tournament
OMNI Mount Washington Resort, Bretton Woods, NH
Friday, August 26, 2022

EVENT SPONSOR REPLY FORM

I/We want to sponsor this fund raising event at the following level:

- _____ Tournament Sponsor (1) \$ 10,000 Two complimentary foursomes
- _____ Tournament Co-Sponsor (2) \$ 5,000 One complimentary foursome
- _____ Post Tournament Event Sponsor (1) \$ 5,000 One complimentary foursome
- _____ Golf Cart Sponsor (1) \$ 3,500 One complimentary foursome
- _____ Golf Ball Sponsor (1) \$ 3,000 One complimentary foursome
- _____ Player Gift Sponsor (2) \$ 2,500 One complimentary foursome
- _____ Food & Beverage Sponsors(4) \$ 2,500 One complimentary foursome
- _____ Awards Sponsors (4) \$ 1,500 One complimentary foursome
- _____ Marketing Sponsors (5) \$ 1,000 One complimentary foursome
- _____ Coffee Sponsor Pre-Tournament \$ 1,000 One complimentary foursome
- _____ 18-Hole Play -Team Sponsor (36) \$ 650 Foursome
- _____ Hole Sponsor or Tee Sponsor (18 each) \$ 500 or 250
- _____ 9-Hole Play Team Sponsor (18) \$ 425 Foursome

Sorry, we cannot be a sponsor, but our gift of \$ _____ is enclosed.

Check is enclosed for \$ _____ made payable to **Littleton Regional Healthcare (LRH)**

Payment by Credit Card: **Visa** **MasterCard** **Discover** **American Express**

Card # _____ Exp. _____/_____ CVV: _____

Company: _____

Company Address: _____

Authorized signature: _____



LITTLETON REGIONAL HEALTHCARE
28TH Annual Dr. Moose Golf Tournament
OMNI Mount Washington Resort, Bretton Woods, NH
Friday, August 26, 2022

Team Name: _____

Please indicate if you will be attending the post tournament event!

Players

1. Name: _____ Post Tournament event: Y OR N

Address: _____

Phone: _____ Email: _____

2. Name: _____ Post Tournament event: Y OR N

Address: _____

Phone: _____ Email: _____

3. Name: _____ Post Tournament event: Y OR N

Address: _____

Phone: _____ Email: _____

4. Name: _____ Post Tournament event: Y OR N

Address: _____

Phone: _____ Email: _____

Company: _____

(As you would like it to appear in marketing materials)

Company Address: _____

Return form to:

Gail Clark, Director of Marketing & Community Relations

gclark@lrhcares.org ♦ (603) 444-9304 ♦ 600 St. Johnsbury Road ♦ Littleton, NH 03561

If you do not wish to receive future fundraising appeals, please contact us at (603) 444-9304 or gclark@lrhcares.org