

SPONSORSHIP OPPORTUNITIES



WEDNESDAY

JUNE 14, 2023

Pelican Hill Golf Club



**GOLF
CLASSIC**
2023 AUDI MISSION VIEJO
VOLVO MISSION VIEJO
POLESTAR SOUTH COAST

BENEFITING
 **Providence**
Mission Hospital
Foundation

DEAR FRIEND OF PROVIDENCE MISSION HOSPITAL,

The Audi Mission Viejo, Volvo Mission Viejo, Polestar South Coast Golf Classic supporting Providence Mission Hospital will be held on Wednesday, June 14, 2023 at Pelican Hill Golf Club. The 2022 tournament was a success – raising net proceeds of more than \$100,000. We hope that you will partner with us to build upon that success.

This year, proceeds from the Golf Classic will support specific needs within the Judi and Bill Leonard Institute for Cancer Prevention, Treatment and Wellness.

The Leonard Cancer Institute opened in October 2019, while the building and infrastructure are in place and operational, there are a number of specific areas in need of philanthropy. With your help, the revenue raised through the Golf Classic will help fund specific technology, clinical positions and programs that will enhance the services and care offered at the Leonard Cancer Institute.

The Judi and Bill Leonard Institute for Cancer Prevention, Treatment and Wellness will bring together specialists, clinical trials and cutting-edge technology to compassionately care for the body, mind and spirit of our patients and their family members.

The philanthropy support of our community will help ensure that our program will include multi-disciplinary treatment, unique to each patient's specific tumor, cancer type and genetics.

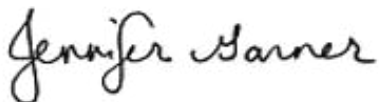
Based on this, we anticipate an even higher demand to participate in the 2023 tournament. In its 31st year, the Providence Mission Hospital Golf Classic is well-established and attracts an audience of prominent business leaders.

Many participants, including physicians, community leaders, sponsors and volunteers, return each year to enjoy a round of golf on a spectacular course, a dynamic live auction, dinner and the camaraderie of fellow philanthropists.

You are a valued partner of Providence Mission Hospital, and we hope to continue building our relationship. If you have any questions, please contact Jennifer Garner at (949) 364-4875 or Jennifer.Garner@Providence.org.

On behalf of the local community we serve at Providence Mission Hospital, thank you in advance for your consideration and Spirit of Giving. We look forward to hearing from you soon!

Warm Regards,



Jennifer Garner
Director, Philanthropy



Providence
Mission Hospital
Foundation



**AUDI MISSION VIEJO - VOLVO MISSION VIEJO - POLESTAR SOUTH COAST
PELICAN HILL GOLF CLUB - WEDNESDAY, JUNE 14, 2023**

SUPPORTING PROVIDENCE MISSION HOSPITAL

TOURNAMENT SPONSORS - \$30,000**

- Tournament co-named with Providence Mission Hospital (tailored to your request)
- Special recognition on all printed materials, including invitation (printing deadlines apply)
- Logo or name on golfer tee prizes
- Twelve (12) complimentary players for the tournament
- Tournament banner displayed at golf club
- Recognition on the Spirit of Giving Wall
- Your company marketing materials distributed in all player bags
- Special media recognition (includes event press releases and event web page)
- Tournament sign displayed at the tee or green
- Sponsor gift

Value of goods and benefits received: \$4,638

PRESENTING SPONSOR - \$20,000*

- Special recognition on all printed materials, including invitation (printing deadlines apply)
- Logo or name on golfer tee prizes
- Eight (8) complimentary players for the tournament
- Tournament banner displayed at golf club
- Recognition on the Spirit of Giving Wall
- Your company marketing materials distributed in all player bags
- Special media recognition (includes event press releases and event web page)
- Tournament sign displayed at the tee or green
- Sponsor gift

Value of goods and benefits received: \$3,102

PLATINUM SPONSOR - \$10,000*

- Eight (8) complimentary players for the tournament
- Tournament banner displayed at golf club
- Your company marketing materials distributed in all player bags
- Special recognition on (includes event press releases and event web page)
- Sponsor gift

Value of goods and benefits received: \$3,102

GOLD SPONSOR - \$5,000

- Four (4) complimentary players for the tournament
- Your company marketing materials distributed in all player bags
- Special recognition on event web page
- Special recognition on (includes event press releases and event web page)
- Sponsor gift

Value of goods and benefits received: \$1,566

****GUARDIAN**

\$25,000 OR MORE ANNUAL GIFTS

Benefits include: Invitation to a special event and acknowledgment on the Spirit of Giving Wall at Providence Mission Hospital

***CORPORATE PARTNERS**

\$10,000 OR MORE ANNUAL GIFTS

Receive wellness benefits, screenings and education for you and your employees

 **Providence**
Mission Hospital
Foundation



**AUDI MISSION VIEJO - VOLVO MISSION VIEJO - POLESTAR SOUTH COAST
PELICAN HILL GOLF CLUB - WEDNESDAY, JUNE 14, 2023**

SUPPORTING PROVIDENCE MISSION HOSPITAL

All underwriters will be recognized on underwriting signage.

All opportunities are 100% tax deductible.

FORECADDIE \$15,000

- Logo or name printed on caddie bibs worn throughout the day
- Exclusive opportunity (Limited to 1 underwriter)

LIVE SCORING \$10,000

- Elevate the "player experience" during the tournament
- Exclusive opportunity (Limited to 1 underwriter)

ON-COURSE SET UP \$7,000

- Special signage on both the North and South courses

GRAPHIC DESIGN & PRINTING \$5,000

- Special recognition at registration and dinner

SOLD OUT

GOLF BALLS \$5,000

- Name on premium golf balls and distribution to all players
- Exclusive opportunity (Limited to 1 underwriter)

PIN FLAGS \$5,000

- Logo or name on customized pin flags on the course (\$5,000 per course)

BEVERAGE CART \$5,000

- Logo or name on signage on beverage cart

GOLF CARTS \$3,000

- Logo or name on signage located on all carts

SNACK AND GO SHOP \$3,000

- Logo or name on signage at Snack and Go Shop

PUTTING CONTEST \$2,000

- Logo or name on signage at putting contest

PLAYER GIFT \$2,000

- Logo or name on player gift bags
- Marketing materials placed in each bag

EXCLUSIVE HOLE \$1,500

- Logo or name on signage located on tee box

BAG TAGS \$1,500

- Logo or name on bag tags distributed to all golfers (\$1,500 per course)

TEE OR GREEN SIGN \$500

- Logo or name on tee or green sign

Deadlines apply.

Please contact Providence Mission Hospital for more information.

 **Providence**
Mission Hospital
Foundation



AUDI MISSION VIEJO - VOLVO MISSION VIEJO - POLESTAR SOUTH COAST PELICAN HILL GOLF CLUB - WEDNESDAY, JUNE 14, 2023 SUPPORTING PROVIDENCE MISSION HOSPITAL

CONTACT PERSON: _____
COMPANY/ORGANIZATION: _____
I/WE WOULD LIKE TO BE RECOGNIZED AS: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CELL PHONE: _____ EMAIL: _____
BUSINESS PHONE: _____ WEBSITE: _____

I/WE ARE PLEASED TO MAKE THE FOLLOWING SPONSORSHIP DONATION:

SOLD OUT ☐ TOURNAMENT SPONSOR \$ 30,000 ☐ PLATINUM SPONSOR \$ 10,000
☐ PRESENTING SPONSOR \$ 20,000 ☐ GOLD SPONSOR \$ 5,000

I/WE ARE PLEASED TO MAKE THE FOLLOWING UNDERWRITING DONATION:

SOLD OUT ☐ FORECADDIE \$ 15,000 ☐ GOLF CARTS \$ 3,000
☐ LIVE SCORING \$ 10,000 ☐ SNACK AND GO SHOP \$ 3,000
☐ ON-COURSE SET UP \$ 7,000 ☐ PUTTING CONTEST \$ 2,000
☐ GRAPHIC DESIGN & PRINTING \$ 5,000 ☐ PLAYER GIFT BAGS \$ 2,000
☐ GOLF BALLS \$ 5,000 ☐ EXCLUSIVE HOLE \$ 1,500
☐ PIN FLAGS \$ 5,000 ☐ BAG TAGS \$ 1,500
☐ BEVERAGE CART \$ 5,000 ☐ TEE OR GREEN SIGN \$ 500

☐ IN-KIND DONATION - please fill out and return the attached gift in-kind donation form.

☐ RAFFLE TICKETS:
I would like to purchase _____ raffle tickets. 3 for \$30 | 10 for \$75 | 20 for \$100 | 50 for \$200

TOTAL AMOUNT OF DONATION: \$_____

PAYMENT INFORMATION

☐ I/WE HAVE ENCLOSED A CHECK MADE PAYABLE TO: *PROVIDENCE MISSION HOSPITAL FOUNDATION*
Mail to: Providence Mission Hospital Foundation
27700 Medical Center Road
Mission Viejo, CA 92691

☐ PLEASE CHARGE MY CREDIT CARD (Please mark one):
☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS
CARD NUMBER: _____ EXP: _____
AUTHORIZED SIGNATURE: _____

 **Providence**
Mission Hospital
Foundation



Thank you for making a difference in the health of our community through your support!

**AUDI MISSION VIEJO - VOLVO MISSION VIEJO - POLESTAR SOUTH COAST
PELICAN HILL GOLF CLUB - WEDNESDAY, JUNE 14, 2023
SUPPORTING PROVIDENCE MISSION HOSPITAL**

PLAYER #1

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

PLAYER #2

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

PLAYER #3

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

PLAYER #4

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

PLEASE RETURN THIS FORM TO:

Providence Mission Hospital Foundation
27700 Medical Center Road
Mission Viejo, CA 92691
Phone: (949) 364-7783
Fax: (949) 364-7750

supportmissionhospital.org/golf2023

Federal Tax I.D. # 95-1643360

If you would prefer not to receive fundraising mail or event invitations from Providence Mission Hospital, check the box below and return this form to be removed from future mailings.

☐ Please remove me from your solicitation mailing lists.

 **Providence**
Mission Hospital
Foundation



GIFT IN-KIND DONATION FORM

DONOR OR COMPANY NAME: (as to appear for recognition) _____

DONOR CONTACT PERSON: _____

ADDRESS: ☐ BUSINESS ☐ HOME

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

WEBSITE: _____

DESCRIPTION OF ITEM(S): (quantity, size, color, restrictions and other information to ensure proper understanding of the donation)

ITEM VALUE: (Fair Market Value) \$_____ MINIMUM BID: (if applicable) \$_____

ITEM(S) RESTRICTIONS: (Please state any limitations or special conditions and any expiration dates, as applicable.)

*APPRAISED VALUE: (For receipt purposes for items over \$5,000) \$_____

*APPRAISAL INCLUDED ☐ YES ☐ NO

SOLICITOR: _____ PHONE: _____

SIGNATURE OF DONOR: _____

(Or Authorized Representative)

*Due to IRS guidelines, if you request a receipt letter with a dollar value for income tax purposes, the donor must contract with a qualified independent third party to appraise and certify in writing the commercial value of the object given.

PROVIDENCE MISSION HOSPITAL FOUNDATION
27700 MEDICAL CENTER ROAD | MISSION VIEJO, CA 92691
OFFICE: (949) 364-7783 FAX: (949) 364-7750
FEDERAL TAX I.D. #95-1643360

 **Providence**
Mission Hospital
Foundation

If you would prefer not to receive fundraising mail or event invitations from this ministry, please call us at (949) 364-7783 or check the box below and return this form and the Foundation will remove your name from all future mailings.

☐ Please remove me from your solicitation mailing lists.

