



The Drive Benefit Golf Tournament
presented by Pacific Office Automation
Benefiting Cancer Services at Legacy Mount Hood Medical Center
Stone Creek Golf Club
Friday, Sept. 16 - 11 a.m. shotgun start

2016 Sponsorship Confirmation

Sponsorship Selection:

- | | | |
|---|---|---|
| <input type="checkbox"/> Presenting Ace | <input type="checkbox"/> Double Eagle | <input type="checkbox"/> Mulligan |
| <input type="checkbox"/> Eagle Awards Reception (\$3,500) | <input type="checkbox"/> Eagle Beverage | <input type="checkbox"/> Eagle Breakfast (\$3,500) |
| <input type="checkbox"/> Eagle Food Cart (\$3,500) | <input type="checkbox"/> Eagle Golf Cart | <input type="checkbox"/> Eagle Scorecard |
| <input type="checkbox"/> Birdie (\$2,500) | <input type="checkbox"/> Bag Drop (\$1,000) | <input type="checkbox"/> Driving Range (\$1,000) |
| <input type="checkbox"/> Hole in One (\$1,000) | <input type="checkbox"/> Volunteer Shirt | <input type="checkbox"/> KP Contest (\$1,000) |
| <input type="checkbox"/> Longest Drive Contest | <input type="checkbox"/> Putting Contest (\$1,000) | |

Sponsor name: _____ Sponsorship contact: _____

Phone number: _____ Email: _____

Business address: _____

Please let us know how you would like to be recognized on printed materials:

Payment Information:

Total of \$ _____ enclosed or to be charged on credit card.

Please make checks payable to Mount Hood Medical Center Foundation (MHMCF).

If paying by credit card, please provide the following information.

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card number: _____ Exp. date: _____

Signature: _____

☐ Please invoice me.

Please return the completed form to Kelly Stover at Mount Hood Medical Center Foundation, P.O. Box 4484, Portland, OR 97208, by FAX to 503-413-6447, or by email to kstover@lhs.org. To register by phone with a credit card, please call 503-413-6465.

If your sponsorship includes golf, please fill out the reverse side of this form with information regarding tournament participants.

Team captain:

Company:

Address:

City:

State:

ZIP:

Phone:

Email:

Player #2:

Company:

Address:

City:

State:

ZIP:

Phone:

Email:

Player #3:

Company:

Address:

City:

State:

ZIP:

Phone:

Email:

Player #4:

Company:

Address:

City:

State:

ZIP:

Phone:

Email:

Thank you for supporting Mount Hood Medical Center Foundation.

Tax ID #93-0794951

Mount Hood Medical Center Foundation is a 501(c)(3) charitable organization.