

The Drive Benefit Golf Tournament

Benefiting

Legacy Mount Hood Medical Center Cancer Services

September 15 • Stone Creek Golf Club • 11 a.m.



Focus on healing

All of our patients receive personal and compassionate care based on the latest research from the community's best doctors. Our cancer program is designed to support patients, both physically and emotionally, during their entire healing journey.

Legacy Mount Hood: cancer care

Legacy Health ranks among the nation's top cancer programs, according to the American College of Surgeons Commission on Cancer, the respected authority on cancer care. This accreditation means our patients receive award-winning, comprehensive cancer care in their own backyard.

Legacy Mount Hood Medical Center provides specialized cancer care in two major areas. We are at the forefront of breast cancer medical advances, with cutting-edge technologies and integrated care models. We also offer comprehensive care for colon cancer, which includes the critical need for awareness and preventive screenings in our community.

With generous philanthropic support, we will continue to enhance Legacy Mount Hood's role as East County's only full-service community hospital. With your help, Legacy Mount Hood can continue to provide preventive screenings, education and critical services for residents to receive their cancer care close to home.

For additional information

Contact Melissa Harteloo, events and sponsorship coordinator, at 503-413-6465 or mhartelo@lhs.org, or Michael Schultz, executive director, at 503-413-7384 or mischultz@lhs.org.

The Drive Benefit Golf Tournament

Friday, Sept. 15 – Stone Creek Golf Club – 11 a.m. shotgun start

2017 Sponsorship Opportunities

ALL-INCLUSIVE golf sponsorship packages include:

- Pre-tournament breakfast buffet
 - Local food cart options on-course throughout the tournament
 - Post-tournament awards reception
 - \$50 in Nike bucks to spend the day of the tournament, 3 drink tickets, entry in all on-course contests, 2 mulligans per player and 10 raffle tickets per team member
 - Recognition in an annual thank-you advertisement in a significant, local publication
 - Invitation to Legacy Health foundations' annual donor recognition event
-

Presenting Ace Sponsor

\$10,000 (one available)

- 8 rounds of golf with 4 golf carts
- Business logo recognition on-course
- Business logo on signage for all team photos
- Verbal recognition during tournament awards reception
- Name recognition on Legacy Mount Hood Medical Center donor wall
- **Tax-deductible value: \$7,660**

Double Eagle Sponsor

\$5,000 (one available)

- 4 rounds of golf with 2 golf carts
- Business logo on tournament pin flags at each hole
- Verbal recognition during tournament awards reception
- Name recognition on the Legacy Mount Hood Medical Center donor wall
- **Tax-deductible value: \$4,010**

Mulligan Sponsor

\$5,000 (one available)

- 4 rounds of golf with 2 golf carts
- Business logo on all golfer registration packets
- Verbal recognition during tournament awards reception
- Name recognition on the Legacy Mount Hood Medical Center donor wall
- **Tax-deductible value: \$4,010**

Eagle Awards Reception Sponsor

\$3,500 (one available)

- 4 rounds of golf with 2 golf carts
- Business logo on awards reception table tents
- Verbal recognition during tournament awards reception
- **Tax-deductible value: \$2,510**

Eagle Beverage Sponsor

\$3,500 (one available)

- 4 rounds of golf with 2 golf carts
- Business logo on tournament beverage carts
- Business logo on all beverage tickets
- Verbal recognition during tournament awards reception
- **Tax-deductible value: \$2,510**

Eagle Breakfast Buffet Sponsor

\$3,500 (one available)

- 4 rounds of golf with 2 golf carts
- Business logo on breakfast buffet signage
- Verbal recognition during tournament awards reception
- **Tax-deductible value: \$2,510**

Eagle Food Cart Sponsor

\$3,500 (one available)

- 4 rounds of golf with 2 golf carts
- Business logo at food carts
- Verbal recognition during tournament awards reception
- **Tax-deductible value: \$2,510**

Eagle Golf Cart Sponsor

\$3,500 (one available)

- 4 rounds of golf with 2 golf carts
- Business logo on tournament golf carts
- Verbal recognition during tournament awards reception
- **Tax-deductible value: \$2,510**

Eagle Scorecard Sponsor

\$3,500 (one available)

- 4 rounds of golf with 2 golf carts
- Business logo on tournament score cards
- Verbal recognition during tournament awards reception
- **Tax-deductible value: \$2,510**

Birdie Sponsor

\$2,500 (multiple available)

- 4 rounds of golf with 2 golf carts
- Business logo on one course sign
- **Tax-deductible value: \$1,510**

\$1,000 Non-golf Sponsorship Opportunities

All \$1,000 non-golf sponsorships will receive:

- Recognition in an annual thank-you advertisement in a significant, local publication
 - Invitation to Legacy Health foundations' annual donor recognition event
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Bag Drop Sponsor	\$1,000 (one available)
<ul style="list-style-type: none">• Business logo on signage at tournament bag drop• Tax-deductible value: \$910	
Driving Range Sponsor	\$1,000 (one available)
<ul style="list-style-type: none">• Business logo on driving range signage• Tax-deductible value: \$910	
Hole-in-one Contest Sponsor	\$1,000 (three available)
<ul style="list-style-type: none">• Business logo on signage at the contest hole• Sponsor to provide contest prize or insurance, and at least 2 volunteers as witnesses• Tax-deductible value: \$910	
Volunteer Shirt Sponsor	\$1,000 (one available)
<ul style="list-style-type: none">• Business logo on tournament volunteer shirts• Tax-deductible value: \$910	
Tournament Putting Contest, KP Contest or Longest Drive Sponsor	\$1,000 (three available)
<ul style="list-style-type: none">• Business logo on signage at the contest hole during the tournament• Tax-deductible value: \$910	

Additional sponsorship opportunities may be available. Please contact Melissa Harteloo, events and sponsorship coordinator, at 503-413-6465 or mhartelo@lhs.org for more information.

100% of the net proceeds benefit cancer services at Legacy Mount Hood Medical Center.



The Drive Benefit Golf Tournament
Benefiting Cancer Services at Legacy Mount Hood Medical Center
Stone Creek Golf Club
Friday, September 15 – 11 a.m. shotgun start

2017 Sponsorship Confirmation

Sponsorship Selection:

- | | | | | | |
|---|----------|--|---------|--|---------|
| <input type="checkbox"/> Presenting Ace | \$10,000 | <input type="checkbox"/> Eagle Food Cart | \$3,500 | <input type="checkbox"/> Hole-in-One | \$1,000 |
| <input type="checkbox"/> Double Eagle | \$5,000 | <input type="checkbox"/> Eagle Golf Cart | \$3,500 | <input type="checkbox"/> Volunteer Shirt | \$1,000 |
| <input type="checkbox"/> Mulligan | \$5,000 | <input type="checkbox"/> Eagle Scorecard | \$3,500 | <input type="checkbox"/> KP Contest | \$1,000 |
| <input type="checkbox"/> Eagle Awards Reception | \$3,500 | <input type="checkbox"/> Birdie | \$2,500 | <input type="checkbox"/> Longest Drive Contest | \$1,000 |
| <input type="checkbox"/> Eagle Beverage | \$3,500 | <input type="checkbox"/> Bag Drop | \$1,000 | <input type="checkbox"/> Putting Contest | \$1,000 |
| <input type="checkbox"/> Eagle Breakfast | \$3,500 | <input type="checkbox"/> Driving Range | \$1,000 | | |

Sponsor name: _____ Sponsorship contact: _____

Phone number: _____ Email: _____

Business address: _____

Please print sponsor's name as you would like it recognized on printed materials:

Payment Information (Due no later than 30 days from event):

- Please invoice me.
- Check made payable to **Mount Hood Medical Center Foundation (MHMCF)** will be mailed by _____ (date).
- Please charge my Visa / MasterCard / American Express / Discover Card (circle one)
 - Corporate Card
 - Personal Card

Card number: _____ Exp.: _____

Signature _____

Please return the completed form to Melissa Harteloo at Mount Hood Medical Center Foundation, P.O. Box 4484, Portland, OR 97208, by FAX to 503-413-6447, or by email to mhartelo@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.