



## SPONSORSHIP FORM

Thank you for your support of the Foundation IX Golf Tournament. Please complete and return this form. Forms may be e-mailed to [shannon@stagetimeproductions.com](mailto:shannon@stagetimeproductions.com), faxed to 612 605-0041 or mailed to Shannon Pierce at the address listed below.

Corporation/Donor Name:  
Primary Contact Name (if different):  
Title:  
Address:  
City: State: Zip:  
E-mail:  
Best Telephone #:  
Fax:

### Sponsorship Level *(please check one)*

- |                                 |                          |         |
|---------------------------------|--------------------------|---------|
| <b>Presenting Sponsor</b>       | <input type="checkbox"/> | \$2,500 |
| <b>Gold Sponsor</b>             | <input type="checkbox"/> | \$1,000 |
| <b>Silver Sponsor</b>           | <input type="checkbox"/> | \$500   |
| <b>Company Team</b>             | <input type="checkbox"/> | \$750   |
| <b>Cart Sponsor</b>             | <input type="checkbox"/> | \$650   |
| <b>Beverage Cart Sponsor</b>    | <input type="checkbox"/> | \$300   |
| <b>Reception Sponsor</b>        | <input type="checkbox"/> | \$300   |
| <b>Tee Box or Hole Sponsor</b>  | <input type="checkbox"/> | \$150   |
| <b>Tee Box and Hole Sponsor</b> | <input type="checkbox"/> | \$250   |

- Yes, I would also like to donate a prize for the event.
- Yes, I have attached my logo for inclusion in applicable promotional materials.
- No, I prefer to use my name for recognition purposes. Please acknowledge me as:
- No, I prefer to remain anonymous.

### Payment by check or credit card (Visa, Mastercard, American Express, Discover)

Card Number:  
Exp. Date:  
Cardholder's Name:

**\*Deadline to be included in sponsor signage is September 13, 2010**

**Please make all checks payable to the Foundation IX and mail to:**  
[Foundation IX](#) | [c/o Shannon Pierce](#) 9900 Kell Avenue, Bloomington, MN 55437