



MONDAY SEPTEMBER 25, 2023 PETE DYE GOLF CLUB

PRESENTED BY
UNITED HEALTH FOUNDATION

Blaine Turner
ADVERTISING, INC.



WVU Medicine
UNITED HOSPITAL CENTER

9:30 a.m. Registration and Brunch
11:00 a.m. Shotgun Start
4:00 p.m. Outdoor Awards and Reception

SPONSORSHIP OPPORTUNITIES	TITLE \$40,000	GOLD \$10,000	BLUE \$5,000	CONTEST \$3,500	EAGLE \$2,500	BIRDIE \$1,000	PAR \$500	FRIEND \$250
		SOLD						
Recognition in all Advertising								
Recognition on all Tournament Signage								
Pro Purse Sponsor								
Presentation of Check to Winner								
Choice of Pro(s) for Foursome								
Elevated Tee Gift								
Recognition on Golf Carts								
Tee Box Marker Signage								
Recognition on Website and Social Media								
Mulligans, Door Prize Tickets, and Putting Contest								
Golf Foursome(s)	2	1	1	1	1			
Hole or Contest Signage								

For more information or to register online, visit uhcproam.com or call 681-342-1455.



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SPONSORSHIP LEVEL

Please return form as soon as possible to confirm your sponsorship.

SPONSOR NAME (as it should appear on print materials): _____

Contact Name: _____ Title: _____

Address: _____

Email: _____ Phone Number: _____

- | | | |
|------------------------------|-------------------|-------------------------------------|
| SOLD Title / \$40,000 | Contest / \$3,500 | Par / \$500 |
| Gold / \$10,000 | Eagle / \$2,500 | Friend / \$250 |
| Blue / \$5,000 | Birdie / \$1,000 | *Foursomes start at the Eagle Level |

I/We are unable to participate. Please consider our entire sponsorship to be a 100% tax deductible donation. I/We waive any tangible benefits provided.

Thank you for your support of United Hospital Center. Sponsorships are on a first-come, first served basis. To guarantee your sponsorship, we must receive your desired level of commitment no later than Friday, September 1, 2023, to ensure inclusion in applicable recognition materials.

TOURNAMENT TEAM AND PLAYERS

Team Name _____

Player 1: Name _____ Handicap _____ Jacket Size _____

Player 2: Name _____ Handicap _____ Jacket Size _____

Player 3: Name _____ Handicap _____ Jacket Size _____

Player 4: Name _____ Handicap _____ Jacket Size _____

Please submit team, player names, and handicaps by September 11, 2023: to Scott Griffiths at scott.griffiths@wvumedicine.org or 304-916-2017.

PAYMENT INFORMATION

Check enclosed made payable to "United Health Foundation" (Tax ID: 55-0621706)

Please invoice me at the address above

Payment will be sent online at UHCPProAm.com



Mail form and payment to:
United Health Foundation
Attn: Lora Edgell
327 Medical Park Drive
Bridgeport, WV 26330



Questions or to immediately secure your sponsorship, please contact Lora Edgell at Lora.Edgell@wvumedicine.org or 681-342-1455.

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