



MONDAY SEPTEMBER 30, 2024

BRIDGEPORT COUNTRY CLUB

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

PRESENTED BY

Blaine Turner
 ADVERTISING, INC.



WVUMedicine
 UNITED HOSPITAL CENTER

PARTNERSHIP OPPORTUNITIES	TITLE \$40,000	PLATINUM \$10,000	GOLD \$7,500	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 Partner									
Presentation of Check to Winner									
Elevated Tee Gift									
Choice of Pro(s) for Foursome									
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	1			
Hole or Contest Signage									

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



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PARTNERSHIP 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	_____ Blue / \$5,000	_____ Birdie / \$1,000
_____ Platinum / \$10,000	_____ Contest / \$3,500	_____ Par / \$500
_____ Gold / \$7,500	_____ Eagle / \$2,500*	_____ Friend / \$250

* 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 6, 2024, to ensure inclusion in applicable recognition materials.

TOURNAMENT TEAM AND PLAYERS

Team Name _____

Player 1: Name _____ Handicap _____

Player 2: Name _____ Handicap _____

Player 3: Name _____ Handicap _____

Player 4: Name _____ Handicap _____

Please submit team, player names, and handicaps by September 6, 2024 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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