



United Way of Will County 2009 Golf Classic


Wednesday, September 9, 2009 ~ Broken Arrow Golf Club, Lockport, IL





Sponsorship Packages


 **Event Sponsor \$5,000.** Sole Sponsorship. Includes: large event banner, 1 golf foursome, 3-hole sponsorships (one for each playing course), special presentation & program recognition, name & company logo on all marketing material, United Way of Will County's website and inclusion into our Annual Report


 **Corporate Sponsor \$2,500.** Sponsorship includes: banner recognition, 1 golf foursome, 1 hole sponsorship, and presentation and program recognition.


 **Lunch Sponsor \$1,000.** Sponsorship includes: name recognition on signage in dining room, 1 golf twosome, and presentation and program recognition.

 **Beverage Sponsor \$1,000.** Sponsorship includes: name recognition on signage in dining room, 1 golf twosome and presentation and program recognition

 **Breakfast Sponsor \$500.** Sponsorship includes: site signage, presentation and program recognition.

 **Contest Sponsor \$300.** Longest Drive (Male & Female) and Longest Putt (Male & Female.) Sponsorship includes site signage and program recognition.

 **Community Sponsor \$250.** Sponsorship includes: .Site signage, presentation and program recognition

 **Hole Sponsor \$100.** Sponsorship includes: hole signage and program recognition.

 **Raffle Prize(s) or Silent Auction Item(s).**

I would like to donate _____ to be used as a raffle prize or silent auction item.

 **Golf Pack Items.** I would like to donate 250 _____ to be used in the golfer thank-you packs.

.....
Online Sponsorship Form: www.uwwill.org

Or return this form with checks payable to:
United Way of Will County
54 N. Ottawa Street, Suite 300 Joliet, IL 60432
Phone: 815/723-2500 Fax: 815/ 723-2814

Company Name: _____

Contact Person: _____

Address: _____

Telephone: _____ Fax _____

Email: _____ Credit Card Type/Number: _____

Card Expiration Date: ____/____ Billing Zip Code on Card: _____ 3-Digit Security Code: _____

THANK YOU FOR YOUR SUPPORT!

