



# Sponsor Confirmation

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

<u>Level of Sponsorship</u>		<u>Tax Deductible</u>
<input type="checkbox"/> Witch Hollow Sponsor ( <i>Private Side</i> )	\$5,500	(\$3,772)
<input type="checkbox"/> Ghost Creek Sponsor ( <i>Public Side</i> )	\$4,750	(\$3,022)
<input type="checkbox"/> Bid for the Cure Sponsor	\$5,000	(\$4,136)
<input type="checkbox"/> Awards Luncheon Sponsor	\$5,000	(\$4,136)
<input type="checkbox"/> Corporate Sponsor, Witch Hollow ( <i>Private Side</i> )	\$4,000	(\$3,136)
<input type="checkbox"/> Corporate Sponsor, Ghost Creek ( <i>Public Side</i> )	\$3,000	(\$2,136)
<input type="checkbox"/> Hole Sponsor	\$700	(\$700)
<input type="checkbox"/> Individual Golfer, Witch Hollow ( <i>Private Side</i> )	\$750	(\$534)
<input type="checkbox"/> Individual Golfer, Ghost Creek ( <i>Public Side</i> )	\$450	(\$234)
<input type="checkbox"/> Awards Luncheon Only	\$75	(\$50)

- Payment Enclosed.
- Please bill me at the following address (if different than above).

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Please charge my card:

Visa/ MC    AMEX    Discover   Credit Card Number \_\_\_\_\_

Exp. \_\_\_\_\_ Signature \_\_\_\_\_

Please mail or fax this form to:

Cystic Fibrosis Foundation  
9320 SW Barbur Blvd., Portland, OR 97219  
Phone 503.226.3435   1.800.448.8404   Fax 503.226.4165

