

## September 16, 2019 | 11 a.m. shotgun start — Manakiki Golf Course, Willoughby

Each year up to 150 golfers attend this tournament, which honors John A. (Jack) Gannon and Jim Andrews, former MetroHealth System trustees, Cleveland firefighters and advocates for trauma and burn patients. Since 1998, when the tournament was established, more than \$900,000 has been raised for the John A. Gannon Burn and Trauma Center and MetroHealth's Comprehensive Burn Care Center.

### \$10,000 Hole In One Sponsor

*(\$9,080 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION)*

- Two (2) foursomes
- Company logo on hole sign and event welcome sign
- Logo inclusion on giveaway item
- Recognition on social media
- Speaking opportunity at event
- Hyperlinked logo on MetroHealth website
- Recognition on golf carts
- Recognition on beverage cart

### \$5,000 Eagle Sponsor

*(\$4,540 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION)*

- One (1) foursome
- Company logo on hole sign and event welcome sign
- Logo inclusion on giveaway item
- Recognition on social media
- Hyperlinked logo on MetroHealth website
- Recognition on beverage cart

### \$2,500 Birdie Sponsor

*(\$2,040 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION)*

- One (1) foursome
- Company logo on hole sign and event welcome sign
- Recognition on MetroHealth website

### \$1,000 Par Sponsor

*(\$540 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION)*

- One (1) foursome
- Company name on event welcome sign
- Recognition on MetroHealth website

### \$500 Caddie Sponsor

*(\$500 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION)*

- Company name on event welcome sign
- Recognition on MetroHealth website

### Foursome Registration: \$500

### Individual Golfer Registration: \$125

\* In-kind sponsorship opportunities are also available.



# The John A. Gannon Memorial Golf Tournament

## Sponsor Confirmation Form

Company/Name \_\_\_\_\_  
(Print name exactly as you would like to be recognized.)

Contact \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

### Payment Information:

☐ Please send an invoice

☐ Check enclosed

☐ Credit card payment enclosed

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Name of Cardholder \_\_\_\_\_  
(as it appears on the card)

Account Number \_\_\_\_\_ CSC \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### Make checks payable and return to:

The MetroHealth Foundation, Inc.  
c/o 2019 Event Sponsorship  
2500 MetroHealth Drive  
Cleveland, OH 44109



### Foursome Golfer Names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Email (at least one email required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ I/we plan to register a foursome ☐ I/we do not plan to register a foursome

If you wish to not receive any fundraising communication supporting The MetroHealth System or The MetroHealth Foundation, please contact The MetroHealth System's Development Department by email at [mhfdevelopment@metrohealth.org](mailto:mhfdevelopment@metrohealth.org) or by phone at 800-325-5606, ext.85665 (calling from Ohio) or 800-554-5251, ext. 85665 (calling from outside Ohio).

## Participant Opportunities

☐ **Hole In One Sponsor** **\$10,000**  
(*\$9,080 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION*)

☐ **Eagle Sponsor** **\$5,000**  
(*\$4,540 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION*)

☐ **Birdie Sponsor** **\$2,500**  
(*\$2,040 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION*)

☐ **Par Sponsor** **\$1,000**  
(*\$540 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION*)

☐ **Caddie Sponsor** **\$500**  
(*\$500 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION*)

☐ **Foursome** **\$500**  
(*\$40 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION*)

☐ **Individual Golfer** **\$125**  
(*\$10 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION*)

☐ **Dinner only** **\$50**  
(*\$20 TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION*)

**Total Amount Due \$** \_\_\_\_\_

Deadline is Wednesday, September 4, 2019.

