

28TH CHARITY GOLF TOURNAMENT

MONDAY, OCTOBER 23, 2023

THE OLYMPIC CLUB OF SAN FRANCISCO | 599 Skyline Blvd, San Francisco, CA 94132



SPONSORSHIP LEVELS		
HOSTING SPONSOR	\$100,000	<input type="checkbox"/>
<ul style="list-style-type: none"> • Dinner Reception Named for Sponsor • Speaking Opportunity at Dinner • Corporate Name Displayed at Entryway, Event Program & Name at Hole on Ocean • Front Inside Cover Page in Program Book • Round of Golf for 4 Foursomes (Ocean Course) 		
CHAMPIONSHIP / HOLE-IN-ONE SPONSOR	\$80,000	<input type="checkbox"/>
<ul style="list-style-type: none"> • Speaking Opportunity at Dinner • Corporate Name Displayed in Event Program, Name at Hole on Ocean • Back Inside Cover Page in Program Book • Hole-in-One Contest named for Sponsor • Round of Golf for 3 Foursomes (Ocean Course) 		
COCKTAIL RECEPTION SPONSOR	\$50,000	<input type="checkbox"/>
<ul style="list-style-type: none"> • Cocktail Reception named for Sponsor • Corporate Name and Signage at Bar Station and Event Program • Full Center Page in Program Book • Round of Golf for 2 Foursomes (Ocean Course) 		
ACE SPONSOR	\$25,000	<input type="checkbox"/>
<ul style="list-style-type: none"> • Corporate Name in Event Program and Name at Hole (Priority Placement) • Full Page in Program Book • Round of Golf for 2 Foursomes (Ocean Course) 		
OCEAN + CLIFF COURSES	\$12,000	<input type="checkbox"/>
<ul style="list-style-type: none"> • Corporate Name at Hole & Event Program • Round of Golf for 1 Foursome (Ocean Course) & 1 Foursome (Cliff Course) Limited* 		
OCEAN PARTNER	\$10,000	<input type="checkbox"/>
<ul style="list-style-type: none"> • Corporate Name at Hole & Event Program • Round of Golf for 1 Foursome (Ocean Course) 		
CLIFF COURSE 9-HOLE	\$4,000 +	<input type="checkbox"/>
<ul style="list-style-type: none"> • Round of Golf for 1 Foursome 		
INDIVIDUAL		
	\$2,500 +	<input type="checkbox"/>
	\$1,000 +	<input type="checkbox"/>

All golf sponsorships include:

- Cart and Green Fees
- Welcome Breakfast / Lunch / Snacks on the Course, Cocktail Reception & Dinner



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REGISTRATION FORM

NAME OF PLAYERS		STAYING FOR DINNER
1.	Team Captain	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO

Please include additional player names for the course(s) assigned and their RSVP for dinner on a separate attachment along with the sponsorship form.

SPONSORSHIP

Company Name _____

Contact Person and Title _____

Address _____

Phone Number _____ E-mail Address _____

I/We wish to attend the cocktail reception & dinner only @ \$500/per person, or \$5,000 for 10 guests, enclosed check for \$_____.

I can't be there, but please accept my donation of \$_____.

Check payable to "Chinese Hospital"

Please denote on the Memo: **Golf 2023**
 Mail to Chinese Hospital
 845 Jackson St, San Francisco, CA 94133
 Attn: Office of Fund Development

Credit Card payments at

<http://www.chinesehospital-sf.org/golf2023>

**Downloadable registration form <http://www.chinesehospital-sf.org/golf2023>
 RSVP/Sponsorship Form due Friday, October 6, 2023.
 Please email all sponsorship forms to: Donate@chasf.org**

Proceeds benefit Chinese Hospital. Contributions are tax-deductible to the extent allowed by law. Tax ID# 94-0382780

**For more information, please contact Chinese Hospital Fund Development
 (415) 677-2470 | Donate@chasf.org**



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ADDITIONAL PLAYERS	
NAME OF PLAYERS	STAYING FOR DINNER
1.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	<input type="checkbox"/> YES <input type="checkbox"/> NO
18.	<input type="checkbox"/> YES <input type="checkbox"/> NO



**CHINESE
HOSPITAL**

28th Charity Golf Tournament

Monday, October 23, 2023
At The Olympic Club

In-kind Donor Information

Donor Name: _____ Date: _____

Address: _____

City: _____ State/Zip Code: _____

Phone: _____ Fax/Email: _____

Contact: _____ Authorized Signature: _____

Please provide a detailed description of your donation item:

Restrictions: _____

Donation Value: _____ Valid Through: _____

All products, packages and gift certificates should be sent to:
Chinese Hospital, Attn: Fund Development, 845 Jackson St, San Francisco, CA
94133 by **Friday, October 6, 2023**.

For heavy/bulky items, please contact us to arrange for delivery if needed.

Chinese Hospital Fund Development
Email: Donate@chasf.org
Phone: (415) 677-2470