

# MDA Fall Foliage Classic

## Sponsorship Commitment Form

Tuesday, September 13, 2011

Indian Pond Country Club, Kingston, MA

### Title Sponsorship: \$7,500 (single opportunity)

- ★ Title naming rights with logo (The "Your Company" Fall Foliage Tournament)
- ★ Entry for 4 foursomes (16 greens fees)
- ★ Custom tee signs at 4 holes on course
- ★ Signage with your company name & logo at registration, on the turn, and awards reception
- ★ Check presentation opportunity on local broadcast of MDA Labor Day Telethon

### Presenting Sponsorship: \$5,000 (single opportunity)

- ★ Presenting naming rights ("Presented by: Your Company")
- ★ Entry for 3 foursomes (12 greens fees)
- ★ Custom tee signs at 3 holes on course
- ★ Signage with your company name & logo at registration, on the turn, and awards reception
- ★ Check presentation opportunity on local broadcast of MDA Labor Day Telethon

### Ace Sponsorship: \$3,000

- ★ Entry for 2 foursomes (8 greens fees)
- ★ Custom tee signs at 2 holes on course
- ★ Signage with your company name & logo displayed at registration and on the turn.

### Eagle Sponsorship: \$1,750

- ★ Entry for 1 foursome (4 greens fees)
- ★ Custom tee sign at 1 hole on course
- ★ Signage with your company name & logo displayed at registration and on the turn.

### Cart Sponsorship: \$1,500 (limited opportunities—3 available)

- ★ Entry for 1 foursome
- ★ Signage with your company name & logo on 1/3 of carts

### Birdie Sponsorship: \$1,200

- ★ Entry for 1 foursome (4 greens fees)

### Hole Sponsorship: \$300

- ★ Custom tee sign at one hole on course

**YES!** I would like to sponsor the MDA Fall Foliage Classic Golf Tournament. Please put me down for a:

\_\_\_\_\_ Title Sponsorship (\$7,500)

\_\_\_\_\_ Presenting Sponsorship (\$5,000)

\_\_\_\_\_ Ace Sponsorship (\$3,000)

\_\_\_\_\_ Eagle Sponsorship (\$1,750)

\_\_\_\_\_ Cart Sponsorship (\$1,500)

\_\_\_\_\_ Birdie Sponsorship (\$1,200)

### **SPONSORSHIP INFORMATION:**

**Company:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**I will pay by:**

\_\_\_\_\_ Check (*payable to MDA*)

\_\_\_\_\_ Credit Card (*MC, Visa, AmEx, Disc*)

**Number:** \_\_\_\_\_

**Expires:** \_\_\_\_\_ / \_\_\_\_\_

### **REMIT TO:**

Muscular Dystrophy Association  
50 Federal Street, Floor 6  
Boston, MA 02110  
Phone: (617) 368-9155  
Fax: (617) 368-9115  
Email: ktighe@mdausa.org