



Cornerstone Family Healthcare GOLF INVITATIONAL

Monday, September 30, 2024

THE POWELTON CLUB
29 OLD BALMVILLE RD | NEWBURGH, NY

10:30 AM Registration Opens | BBQ Lunch
12:00 PM Shotgun Start, Scramble Format
5:30 PM Cocktail Reception & Awards Dinner

● SPONSORSHIP OPPORTUNITIES ●

PLAYER GIFT SPONSOR | \$7,500

1 Foursome • 3 Tee Signs • Full-Page Color Ad • Branding on Player Gift

HOSPITALITY SPONSOR | \$5,000

Choose: Breakfast, Lunch or Dinner

1 Foursome • 3 Tee Signs • Full-Page Color Ad • Recognition in Dining Area

LOBSTER SHACK SPONSOR | \$4,000

1 Foursome • 2 Tee Signs • Full-Page Color Ad • Signage at Lobster Shack at First Hole

CONTEST SPONSOR | \$3,500

Choose: Longest Drive, Closest to the Pin or Putting Contest

1 Foursome • 2 Tee Signs • Full-Page Color Ad • Recognition at Contest Hole

BEVERAGE CART SPONSOR | \$3,000

1 Foursome • 2 Tee Signs • Full-Page Color Ad • Branding on Beverage Carts

CORPORATE FOURSOME | \$2,500

1 Foursome • 2 Tee Signs • Full-Page Color Ad

PUTTING GREEN SPONSOR | \$1,500

2 Golfers • 1 Tee Sign • Half-Page Color Ad

Please email high-res, full-color artwork and logo by **September 13**.
PDF or JPEG files preferred -
marketing@cornerstonefh.org

All sponsors receive recognition on golf carts and social media.

● TEE SIGNS & JOURNAL ADS ●

SOUVENIR PIN FLAG | \$300

Fly a custom flag on the course & receive post-event.

Deadline 9/01/24

FULL PAGE - 5.5w x 8h | \$500

HALF PAGE - 5.5w x 4.25h | \$250

TEE SIGN | \$200 each / Two for \$350

QUARTER PAGE - 2.5w x 4.25h | \$150

● INDIVIDUAL TICKETS ●

SINGLE GOLFER | \$300

LUNCH GUEST | \$75

DINNER GUEST | \$150

Proceeds will benefit the Cornerstone Family Healthcare Charitable Foundation, a non-profit dedicated to supporting Cornerstone Family Healthcare's mission to provide high-quality, comprehensive primary and preventative care to all people in our communities, with an emphasis on the underserved in our communities.

Cornerstone Family Healthcare Charitable Foundation is a registered 501(c)(3). Tax ID# 82-5335397

● REGISTRATION ●

Name: _____

Company: _____

Address: _____

Phone: _____ Email: _____

Sponsor Level: _____ \$ _____

Individual Tickets: _____ \$ _____

Journal Ad: _____ \$ _____

Tee Signs: _____ \$ _____

TOTAL: \$ _____

● PAYMENT INFORMATION ●

- Please Invoice Me
- Check Enclosed, made payable to:
Cornerstone Family Healthcare Charitable Foundation
- Credit Card Visa Master Card American Express

**For online registration
and payment scan or visit
2024Golf.square.site**



Name on Card: _____ Expiration Date: _____

Billing Zip Code: _____ Security Code: _____

Card Number: _____

● PLAYER INFORMATION ●

Please complete the following information for each golfer in your group.

Player 1: _____	Player 2: _____
Cell: _____ Shirt Size: _____	Cell: _____ Shirt Size: _____
Email: _____	Email: _____
Player 3: _____	Player 4: _____
Cell: _____ Shirt Size: _____	Cell: _____ Shirt Size: _____
Email: _____	Email: _____

Mail entry forms and payment to:

Cornerstone Family Healthcare
Attn: Development Department
2570 Rt. 9W, Suite 10, Cornwall, NY 12518

Phone (845) 220-3152
Inaru@cornerstonefh.org

**Tee times will be assigned in the order they are received. Early registration recommended.*