

32nd Annual Hollingsworth Richards Bert Jones Golf Classic



Santa Maria Golf Course
Baton Rouge, LA
October 11, 2019

2019 SPONSORSHIP COMMITMENT FORM

Name of Company or Individual: _____
(As you would like it to appear in program acknowledgement)
Contact Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Signature: _____ Date: _____
Please credit the following Committee Member for my participation. _____

Yes, count on my participation at the following level:

| | | | |
|--|---------|---|---------|
| ____ PRESENTING SPONSOR (<i>\$4,572 tax-deductible</i>) | \$5,000 | ____ EXTRA POINT SPONSOR (<i>\$ 572 tax-deductible</i>) | \$1,000 |
| ____ GOLFER GIFT (<i>\$4,572 tax-deductible</i>) | \$5,000 | ____ HOLE SPONSOR (<i>\$ 265 tax-deductible</i>) Send shirt Size _____ (<i>If size is not specified a large will be ordered and sent</i>) | \$ 300 |
| ____ TOUCHDOWN SPONSOR (<i>\$1,072 tax-deductible</i>) | \$1,500 | | |

Special Message (*To be included in your applicable program acknowledgement, message must be received by September 16, 2019*) _____

Payment Information:

Enclosed is my check for \$ _____ (Made payable to The Cystic Fibrosis Foundation) Please send me an invoice
 Please charge my credit card (check one): AMEX MC Visa Discover / Last 4 Digits: _____

The credit card information on the bottom portion of this agreement will be securely destroyed immediately after processing.

Name on Card: _____

Card Number: _____ Exp. Date: _____

Mailing Address for Card Statement (If Different from address above)



Please return to Erin Achberger:
Cystic Fibrosis Foundation • Louisiana Chapter – Baton Rouge
10101 Siegen Lane, Ste 2A • Baton Rouge, LA 70810
Phone: 225-769-9994 • Fax: 225-768-9996 • eachberger@cff.org