

20th Annual Good Samaritan Hospital

FALL GOLF & TENNIS CLASSIC

Monday, October 5, 2009

Ridgewood Country Club – Paramus, NJ

Site of the 2008 and 2010 Barclays Golf Tournaments

**NEW
LOCATION!**

Underwriter Opportunities

‡ Grand Reception Underwriter @ \$25,000

- Prominent name recognition on signage throughout Grand Awards Reception
- Extensive promotion through BSCHS public relations & marketing efforts, including press releases
- Foursome which includes full-round of golf with cart, caddy, lavish brunch and extended cocktail hour/dinner with open bar and gift
- 4 additional tickets to Grand Awards Reception
- Sponsorship of a complete hole (tee, green and flag signs)
- Special Recognition

‡ Gift Underwriter @ \$20,000

- Prominent name recognition on Special Gift given to all participants
- Foursome, which includes full-round of golf with cart, caddy, brunch and extended, lavish cocktail hour/dinner with open bar and gift
- 4 additional tickets to Grand Awards Reception
- Sponsorship of a complete hole (tee, green and flag signs)
- Special Recognition

‡ Cart Underwriter @ \$12,500

- Premier placement of Company Name/Logo on all golf carts
- Foursome, which includes full-round of golf with cart, caddy, brunch and extended, lavish cocktail hour/dinner with open bar and gift
- 4 additional tickets to Grand Awards Reception
- Two green signs on course
- Special Recognition

‡ Brunch Underwriter @ \$7,500

- Premier placement of Company Name/Logo on signage in breakfast / lunch area
- 2 Golfers includes full-round of golf with cart, caddy, brunch and extended, lavish cocktail hour/dinner with open bar and gift
- 2 additional tickets to Grand Awards Reception
- Two Tee Signs
- Special Recognition

‡ Putting Green Underwriter: \$3,500

- Premier placement of Company Name / Logo on signage on putting green
- 1 golfer includes full-round of golf with cart, caddy, brunch and extended, lavish cocktail hour/dinner with open bar and gift
- 1 additional ticket to Grand Awards Reception
- One Tee Sign
- Special Recognition

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Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Please Reserve the Following:

- SPONSOR LEVEL:** _____ \$
- GOLFERS**, \$600 pp / \$2,400 foursome # of Golfers _____ \$

I plan to play with the following:

NAME 1: _____	NAME 2: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
NAME 3: _____	NAME 4: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

- Tennis**, \$125 pp # for Tennis _____ \$
- Grand Reception Only**, \$150 pp # for Reception _____ \$
- No, I cannot attend however please accept the enclosed donation.** _____ \$

TOTAL AMOUNT _____ \$

Bill Me Check Enclosed Please charge my AmEx Visa MC

Account Holder _____

Credit Card Number _____ Expiration _____

Authorized Signature _____

*Please make checks out to: GSH Foundation
Return completed form with payment information to:*

Good Samaritan Hospital Foundation

255 Lafayette Avenue † Suffern, NY 10901

Phone: 845-368-5151 † Fax: 845-368-5596

www.goodsamhosp.org/donate Email: Tracie_Mclee@bshsi.org



GOOD SAMARITAN HOSPITAL
Bon Secours Charity Health System