



HCMA Foundation, Inc.
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SPONSORSHIP CONTRACT

HILLSBOROUGH COUNTY MEDICAL ASSOCIATION FOUNDATION, INC.
CHARITY GOLF CLASSIC
OCTOBER 11, 2012

Sponsor Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Today's date: _____

Primary Contact: _____

Contract Signature: _____

Please check your sponsorship level:

_____ **PREMIER SPONSOR (\$7500)**

_____ Title Sponsor (\$5000)

_____ Champion Sponsor (\$3000)

_____ Winner Sponsor (\$2000)

_____ Eagle Sponsor (\$1500)

_____ In-Kind Sponsor (non-cash contribution) \$_____ (value)

_____ Birdie Sponsor (\$1000)

_____ Par Sponsor (\$600)

_____ Hole Sponsor (\$300)

_____ **I have raffle and/or door prizes to donate**

_____ **I would like to volunteer on the day of the event**

Contact Kay Mills or Elke Johnston at the HCMA Headquarters (813/253-0471) with any questions. This form must accompany the corresponding sponsorship level registration form. We also ask that you enclose payment at time of registration to secure your sponsorship level.