

# Monroe Clinic & Hospital Foundation

A member of  SSMHealth.

**“LITTLE GOLF” and Grill – June 2, 2026**  
*Benefiting SSM Health Monroe Hospice Home and hospice services*

## LEGACY SPONSORSHIP & EARLY REGISTRATION FORM

Name/Company: \_\_\_\_\_  
*(As you'd like your name or company to appear in recognition)*

Or “In Memory of”: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company/Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Yes, I would like to be a legacy sponsor at the following level:** *(check one)*

- |   |   |
|---|---|
| <input type="checkbox"/> Diamond Sponsor - \$5,000  | <input type="checkbox"/> Silver Sponsor - \$1,000 |
| <input type="checkbox"/> Platinum Sponsor - \$3,000 | <input type="checkbox"/> Bronze Sponsor - \$500   |
| <input type="checkbox"/> Gold Sponsor - \$2,000     | <input type="checkbox"/> White Sponsor - \$200    |

### MAJOR SPONSORS

#### Diamond Sponsors - \$5,000

- ❖ Donor name in diamond on banner
- ❖ Name and logo on table tents at dinner
- ❖ Special recognition during the event

#### Platinum Sponsors - \$3,000

- ❖ Donor name in platinum on banner
- ❖ Name and logo on table tents at dinner
- ❖ Special recognition during the event

#### Gold Sponsors - \$2,000

- ❖ Donor name in gold on banner
- ❖ Name and logo on table tents at dinner

### SPONSORS

#### Silver Sponsors - \$1,000

- ❖ Donor name in silver on banner

#### Bronze Sponsors - \$500

- ❖ Donor name in bronze on banner

#### White Sponsors - \$200

- ❖ Donor name in white on banner

***Submit your sponsorship by May 4 to guarantee recognition as a sponsor.***

**Event Schedule - Tuesday, June 2, 2026**

4 pm – Optional “Little Golf” – Swissland Miniature Golf Course, 700 Hwy 69 South, New Glarus, WI

6:00 pm – Alphorns call to dinner

6:30 pm – Dinner at Chalet Landhaus Inn –801 Hwy 69, New Glarus, WI

**Guest Information**

1) Guest: \_\_\_\_\_

2) Guest: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Email: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Calculator**

	<u>Quantity</u>	<u>Total</u>
<b>LEGACY SPONSORSHIP</b>		\$ _____
<b>Reserve my seat, I will attend</b> (\$100) x _____		\$ _____
<b>I cannot attend but please accept my donation of</b>		\$ _____

**GRAND TOTAL \$ \_\_\_\_\_**

Submit Payment To

Monroe Clinic & Hospital Foundation

Memo line: “Little Golf”

515 22<sup>nd</sup> Avenue

Monroe, WI 53566

\_\_\_\_\_ Enclosed is my check

\_\_\_\_\_ Please charge my credit card

**Credit Card:** Go to [givetossmhealth.org/MonroeEvents](http://givetossmhealth.org/MonroeEvents) or fill out the form below

**Credit Card information** (Discover, MasterCard, Visa)

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_ Signature \_\_\_\_\_

Address (if different than address listed above) \_\_\_\_\_

Questions? Jane Sybers, Executive Director, at [jane.sybers@ssmhealth.com](mailto:jane.sybers@ssmhealth.com) or 608-324-2868