

# Sponsorship Form

**To place your sponsorship, please visit [givetossmhealth.org/charityopen](http://givetossmhealth.org/charityopen) or complete the form below.**

Please note limited opportunity sponsorships are first-come, first-served. For a current list of available sponsorships, visit [givetossmhealth.org/charityopen](http://givetossmhealth.org/charityopen).

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

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Please check the sponsorship opportunity you prefer.**

- ☐ Premier Sponsor - \$15,000
- ☐ Ace Sponsor - \$10,000
- ☐ Eagle Sponsor - \$7,500
- ☐ Birdie Sponsor - \$5,000
- ☐ Par Sponsor - \$2,500
- ☐ Club Pro Sponsor - \$500

**Limited opportunity sponsorships**

- ☐ Fast Pass Sponsor - \$3,500
- ☐ Beverage Cart Sponsor - \$2,000
- ☐ Course Lunch Sponsor - \$1,500
- ☐ Mulligan Sponsor - \$1,000
- ☐ Hole Contest Sponsor - \$1,000
- ☐ Driving Range Sponsor - \$1,000

- ☐ I am interested in receiving an invitation.
- ☐ In place of a sponsorship, I would like to make a donation to support the 37th Annual Charity Open event.  
\$ \_\_\_\_\_



**To ensure your sponsorship is recognized in print materials for the event, please return this form by Friday, July 11, 2025.**

**Please check the method of payment below:**

- ☐ Please invoice my company.
- ☐ Check. Please make checks payable to: **Agnesian HealthCare Foundation**

Charity Open benefits the services of SSM Health at Home Hospice and SSM Health Cancer Care in the greater Fond du Lac area. Your sponsorship dollars minus the complimentary golf/dinner packages are tax deductible to the extent allowed by law. Financial statements of the Agnesian HealthCare Foundation for the most recent fiscal year are available by contacting the foundation office.

**Turn page over to add attendee names.**

# Sponsorship Form

Add \$400 for each golf/dinner reservation over sponsor level.

Add \$200 for additional golf or dinner only.

## PLEASE FILL IN FOR EACH PERSON ATTENDING.

Please include phone and email for each attendee to ensure communication, should event details change.

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

☐ Golf/Dinner (\$400) ☐ Golf Only (\$200) ☐ Dinner Only (\$200)

☐ Add Golf Fast Pass for \$200

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

☐ Golf/Dinner (\$400) ☐ Golf Only (\$200) ☐ Dinner Only (\$200)

☐ Add Golf Fast Pass for \$200

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

☐ Golf/Dinner (\$400) ☐ Golf Only (\$200) ☐ Dinner Only (\$200)

☐ Add Golf Fast Pass for \$200

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

☐ Golf/Dinner (\$400) ☐ Golf Only (\$200) ☐ Dinner Only (\$200)

☐ Add Golf Fast Pass for \$200

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

☐ Golf/Dinner (\$400) ☐ Golf Only (\$200) ☐ Dinner Only (\$200)

☐ Add Golf Fast Pass for \$200

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

☐ Golf/Dinner (\$400) ☐ Golf Only (\$200) ☐ Dinner Only (\$200)

☐ Add Golf Fast Pass for \$200

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

☐ Golf/Dinner (\$400) ☐ Golf Only (\$200) ☐ Dinner Only (\$200)

☐ Add Golf Fast Pass for \$200

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

☐ Golf/Dinner (\$400) ☐ Golf Only (\$200) ☐ Dinner Only (\$200)

☐ Add Golf Fast Pass for \$200