

20th ANNUAL GOLF TOURNAMENT

BENEFITING THE PATIENTS OF



MONDAY, OCTOBER 3rd, 2022 | 12:30 PM START

West Orange Country Club
3300 West Orange Country Club Dr
Winter Garden, FL 34787



Our Mission

The mission of Community Health Centers, Inc. is to provide quality and compassionate primary healthcare services to Central Florida's diverse communities.

Your Gift Makes a Difference!

Last year, our health centers were the medical home for 62,000 Central Floridians. Through the generosity of advocates like you, we will serve our areas underserved babies, children, adults, and senior citizens. Your contribution will go directly to healthcare delivery to patients with the greatest needs and least amount of financial resources.

With your investment in our mission, we can offer our sliding discount program to uninsured patients who may not have coverage provided by their employer or who may be temporarily without work or with insurance but unable to afford their deductible. We are proud of the quality of care that we provide. We want to further our efforts by making healthcare more affordable and available throughout Central Florida.

Each year there is a **growing demand** for our **health services**. The funds raised at our tournament allow us to grow to help even **more** patients. As an organization, we continue to assess the needs of the children, families, and seniors who do not have access to affordable healthcare. **Your contributions ensure** that we **continue in our mission** to meet our area's growing healthcare needs.

We ask for generosity in your gift to our annual fundraiser, and we sincerely appreciate your donation. We speak for the tens of thousands of patients we care for yearly when we say thank you for your consideration.

Sponsorship Opportunities

PRESENTING SPONSOR - \$10,000

- Recognition as the Presenting Sponsor in all promotion before, during, and post-event
- Complimentary two foursomes (eight players)
- Opportunity to have presentation area before and during the tournament
- Corporate logo on the sleeve of event golf shirts (160 total)
- Recognition and formal presentation at Awards Dinner
- Link to company website on the golf tournament webpage
- Corporate logo on the post-event team photos

HEALTHCARE CHAMPION - \$7,500

- Recognition as a Healthcare Champion in all promotion before, during, and post-event
- Complimentary two foursomes (eight players)
- Corporate logo on the sleeve of event golf shirts (160 total)
- Recognition at Awards Dinner
- Link to company website on the golf tournament webpage
- Corporate logo on the post-event team photos

LUNCH & AWARDS DINNER SPONSOR - \$6,500

- Recognition as either a Lunch & Awards Dinner Sponsor in all promotion before, during, and post-event
- Complimentary two foursomes (eight players)
- Special Recognition at Awards Dinner
- Link to company website on the golf tournament webpage
- Corporate logo on the post-event team photos

EAGLE SPONSOR - \$5,000

- Recognition as an Eagle Sponsor in all promotion before, during, and post-event
- Complimentary foursome
- Recognition at Awards Dinner
- Link to company website on the golf tournament webpage
- Corporate logo on the post-event team photos

BIRDIE SPONSOR - \$2,500

- Recognition as a Birdie Sponsor at the event
- Complimentary foursome
- Recognition at Awards Dinner
- Link to company website on the golf tournament webpage
- Corporate logo on the post-event team photos

CORPORATE SPONSOR - \$1,000

- Recognition as a Corporate Sponsor at the event
- Complimentary foursome
- Listed as a Corporate Sponsor on the golf tournament webpage
- Company name listed on the post-event team photos

HOLE SPONSOR - \$300

- Recognition with a Hole Sign on a Tee Box
- Listed as a Hole Sponsor on the golf tournament webpage



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TEAM INFORMATION

Company Name: _____

Contact: _____ Phone: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

PLAYER INFORMATION

Player #1: _____ Player #3: _____

Player #2: _____ Player #4: _____

SPONSORSHIP LEVEL:

- Presenting - \$10,000
- Healthcare Supporter - \$7,500
- Lunch & Awards Dinner - \$6,500
- Eagle - \$5,000
- Birdie - \$2,500
- Corporate - \$1,000
- Hole - \$300

PAYMENT METHOD:

- Check AMEX MC
- Visa Discover

Card Number: _____

Exp. Date: _____ Security Code: _____

Signature: _____

PLEASE MAIL OR E-MAIL THIS FORM WITH PAYMENT TO:

Community Health Centers, Inc.
Development Department
110 S Woodland St, Winter Garden, FL 34787

QUESTIONS? CONTACT

407-905-8827, x1050
j.riordan@chcfl.org

Community Health Centers, Inc. is a Non-Profit 501(c)(3) Healthcare Organization. *Our Tax ID Number is 59-1480970*

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