

The Loretto Hospital Foundation's

22ND ANNUAL GOLF OUTING

Wednesday, May 18, 2022

Cog Hill Golf & Country Club
12294 Archer Avenue | Lemont, IL 60439



For more information,
sponsorship opportunities,
or to secure your
participation, contact:

Tesa Anewishki
Executive Director

773-854-5502

tesa.anewishki@lorettohospital.org

EVENT DETAILS

- ◆ **What:** Loretto Hospital Foundation's 22nd Annual Golf Outing
- ◆ **When:** Wednesday, May 18, 2022
- ◆ **Where:** Cog Hill Golf Course & Country Club, 12294 Archer Avenue, Lemont, IL 60439

Day of Event Overview

- Registration/Check-in: 11:00a.m.
- Boxed Lunch: 11:00a.m.
- Shot Gun Start: 1:00 p.m.
- Cocktail Hour: 5:00 p.m.
- Dinner Reception: 5:30p.m.
- Chance Board Drawing 5:45p.m.
- Tournament Winners Announced

**FOR MORE EVENT INFORMATION, TO SECURE A SPONSORSHIP,
TO DONATE AND/OR PURCHASE A GOLF PACKAGE(S), PLEASE CONTACT:**

Tesa Anewishki

Executive Director

Phone: (773) 854-5502

Fax: (773) 854-5542

Email: tesa.anewishki@lorettohospital.org

Loretto Hospital Foundation's 22nd Annual Golf Outing

SPONSORSHIP AGREEMENT

YES, I am interested in sponsoring the Loretto Hospital Foundation's Annual Golfing for Loretto Golf Outing on **Wednesday, May 18, 2022**, at the following level: *(Please mark "X" for your selection)*

- PLATINUM Tournament Sponsor \$10,000** - Three (3) foursome golf packages, company name/logo (jointly with LHF) on special golf gift, acknowledgement on all marketing materials and communications, full page ad in program book, and prominent signage at the event
 - GOLD Post Outing Dinner Reception Sponsor \$5,000** – One (1) foursome and one (1) twosome golf packages, company name/logo (jointly with LHF) on dinner table tents, full page ad in program book, and signage at dinner
 - GOLD Golf Cart Sponsor \$5,000** - Signage on every golf cart, one (1) foursome and one (1) twosome golf packages, full page ad in program book, and signage at the event
 - GOLD Lunch Sponsor \$5,000** - One (1) foursome and one (1) twosome golf packages, company name/logo (jointly with LHF) on lunch table tents, full page ad in program book, and signage in patio area
 - SILVER Beverage Station Sponsor \$3,500** - Signage at on-course beverage stations, one (1) foursome golf package and half-page ad in program book
 - SILVER Photo Sponsor \$3,500** - One (1) foursome golf package, half-page ad in program book and company name/logo on souvenir photo frames
 - BRONZE Refreshment Stand Sponsor \$2,500** - Signage at refreshment stand, one (1) twosome golf package, and half-page ad in program book
 - BRONZE First Aid Station Sponsor \$2,500** – Signage at first aid station, one (1) twosome golf package, and half-page ad in program book
 - BRONZE Driving Range Sponsor \$2,500** - Signage on driving range, one (1) twosome golf package and half-page ad in program book
 - HOLE-IN-ONE (\$10,000 Prize Sponsor) \$1,500** - Signage (designated contest hole) and acknowledgement in program book
 - HOLE Sponsor \$500** - Signage (designated hole) and acknowledgement in program book
- GOLF PACKAGE(S)** include: 18 holes, BBQ lunch, chair massages, dinner reception w/open bar, golf gift, giveaways, and photos.
- FOURSOME - \$1,000** Golf packages for four people and company acknowledgment in program book
 - TWOSOME \$550** - Golf packages for two people
 - SOLO \$275** - Golf package for one person
 - POST-OUTING DINNER RECEPTION TICKET(S) - \$125 per person** Number of people _____
 - IN-KIND/SILENT AUCTION DONATION** – Signage at the event and acknowledgement in program book *(Please complete and return the donation procurement form)*
 - I am unable to participate in the event sponsorship, but I would like to make a monetary contribution.

Space is limited. Please reply by May 6, 2022.

Sponsorship Agreement
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Loretto Hospital Foundation's 22nd Annual Golf Outing

SPONSORSHIP AGREEMENT

PLAYER INFORMATION

Please complete the player information appropriate to your sponsorship level. Additionally, in the last box under each team, please **rank from number 1-10** (1 = "just having some fun" and 10 = "highly skilled") your team's level of play.

Foursome

Team One	Team Two	Team Three	Team Four
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.

Twosome

Team One	Team Two	Team Three	Team Four
1.	1.	1.	1.
2.	2.	2.	2.

Solo/Individual Player: _____

Please indicate "preferred partners."

1.	2.	3.
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NOTE: If possible, please submit any changes to player information no later than May 11, 2022.

Loretto Hospital Foundation's 22nd Annual Golf Outing

SPONSORSHIP AGREEMENT

PAYMENTS

Enclosed is my check in the amount of \$ _____ payable to: **Loretto Hospital Foundation** located at 645 S. Central Avenue, Chicago, IL 60644.

(PLEASE PRINT)

Contact Name: _____

Title: _____

Phone: _____ Email: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

You may also pay your sponsorship or donate via credit card by completing the credit card information below:

Please charge \$ _____ to my credit card.

American Express

Discover

MasterCard

Visa

Card #: _____

Security Code: _____

Exp. Date: _____

Name: _____

(As it appears on card)

Signature: _____

(Cardholder's)

Billing Address (if different than above): _____

Phone: _____

Email: _____

Send an invoice (for corporate sponsorships only – must have authorization to sign)

Please add me (and my team) to the Dubsdread Waiting List

Please complete and return all appropriate Sponsorship Agreement Forms by **May 6, 2022**, to:

Loretto Hospital Foundation

Attn: Tesa Anewishki

645 S. Central Avenue

Chicago, IL 60644

EMAIL: tesa.anewishki@lorettohospital.org

PHONE: (773) 854-5502 - FAX: (773) 854-5542

The Loretto Hospital Foundation thanks you for your continued support. A portion of your contribution is tax deductible, to the extent provided by law, as a charitable contribution to the Loretto Hospital Foundation.



Loretto Hospital Foundation's 22nd Annual Golf Outing

Souvenir/Program Book Ad Form

Please complete and return this form by **May 6, 2022**, to:

Loretto Hospital Foundation

Attn: Tesa Anewishki

645 S. Central Avenue

Chicago, IL 60644

EMAIL: tesa.anewishki@lorettohospital.org

PHONE: (773) 854-5502

FAX: (773) 854-5542

YES, I am interested in purchasing an advertisement in the souvenir/program book for the Loretto Hospital Foundation's Annual Golfing for Loretto Golf Outing on **Wednesday, May 18, 2022**.

Full color advertisements in 5.5" x 8.5" souvenir/program book:

- Full Page ad (5" x 8") - \$1,000**
- Half Page ad (5" x 4") - \$500**
- Quarter Page ad (2.25" x 3.75") - \$250**

Advertiser Name: _____

Contact Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

CREATIVE SUBMISSION INSTRUCTIONS: Please send electronic files on CD, DVD or flash drive to: Walter Freeman, 4314 S. Forrestville Ave., #1, Chicago, IL 60653, **REF: LHF Golf Outing**. We can support .jpeg, .tif, .eps or .pdf formats. For help submitting artwork, call Walter Freeman at (773) 285-0044 or e-mail: freeman.efdg@yahoo.com.

Deadline for creative submission of advertisements is May 6, 2022.



LORETTO HOSPITAL FOUNDATION'S

AD SHEET

5.5"

1/4" MARGIN

FULL PAGE AD

ACTUAL AD SPACE

5" X 8"



HALF PAGE AD

ACTUAL AD SPACE

5" X 4"

8.5"

QUARTER PAGE

AD

ACTUAL AD SPACE

2.25" X 3.75"

Loretto Hospital Foundation's 22nd Annual Golf Outing

In-kind/Silent Auction Donation Form

Please complete and return this form by **May 6, 2022**, to:

Loretto Hospital Foundation

Attn: Tesa Anewishki

645 S. Central Avenue

Chicago, IL 60644

EMAIL: tesa.anewishki@lorettohospital.org

PHONE: (773) 854-5502

FAX: (773) 854-5542

YES, I am interested in providing an in-kind and/or silent auction donation for the Loretto Hospital Foundation's 22nd Annual Golf Outing on **Wednesday, May 18, 2022**, through the following:

Donor Name: _____

Contact Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Item(s) Donated: _____

Item(s) Description: _____

Quantity: _____ Value of Item(s): \$ _____

