



2013 SWING FOR RELIEF GOLF TOURNAMENT

Monday, September 23, 2013 | Prestonwood Country Club

Title Sponsor: Preferred Care, Inc.

TITLE **SOLD**

-Banner at tournament, exclusive course, program and web recognition, CPR training for 10, lunch with CEO/Board chair
-28 player spots

PLATINUM - \$50,000

-Banner at tournament, drive sponsor, tee box sign on two holes, program and web recognition, first aid training for 6
-8 player spots

GOLD - \$25,000

-Banner at tournament, drive sponsor, tee box sign on one hole, program and web recognition, first aid training for 4
-8 player spots

SILVER - \$10,000

-Banner at tournament, drive and lunch sponsor, program and web recognition, first aid training for 2
-6 player spots

BRONZE - \$5,000

-Banner at tournament, program and web recognition, lunch sponsor
-4 player spots

PATRON - \$3,000

-Name on beverage cart, signage, and program and web recognition
-4 player spots

PARTICIPANT - \$1,500

-Name displayed on breakfast sign, program and web recognition
-2 player spots

Hole Sponsor - \$1,000

-Includes sign on one tee box and web recognition

Please retain a copy and send original to:

American Red Cross
ATTN: Swing for Relief
Margaret Arnot Phone: (214) 678-4404
4800 Harry Hines Blvd. Fax: (214) 678-4553
Dallas, Texas 75235 margaret.arnot@redcross.org

Or Register online at:

*All registration forms must be received by:
Friday, September 13, 2013*

Player Spots

I would like to purchase an additional _____ player spot(s)
at \$350 each for a total of \$_____.

Contribution

I cannot attend, please accept my tax-deductible contribution
of \$_____.

Name of Sponsor (List exactly as it should appear in all publicity and on signage)

Web Site (if applicable)

Printed Name of Contact Person

Position/Title

Contact's Signature

Address

City

State

Zip

Telephone

Fax

E-Mail

Payment Information:

Charge My MasterCard Visa AMEX

Check Attached for \$_____
Please make checks payable to American Red Cross - NTX

Card Number _____ Exp. Date _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip Code _____

Signature _____

Bill Me on _____ (MM/DD).
All payments must be received by September 13th

***For tax purposes, the estimated value per player spot is \$100**

**By registering in the American Red Cross Swing for Relief, I give permission to the Red Cross to use any photos or videos in future materials and publications.*