

7th ANNUAL FSACOFP GOLF TOURNAMENT SPONSOR PLEDGE FORM

Thank you for supporting the 7th Annual FSACOFP Golf Tournament, Saturday, July 30th, 2016, at the Omni ChampionsGate Golf Club in Orlando, Florida

Name as it will appear in promotional material _____

Contact Person _____ Title _____

Address _____

City/State/Zip _____

Phone _____ FAX _____ Email _____

___ Company Sponsored Logo Gift	\$3,000	Includes foursome, logo on signage
___ Lunch Sponsor	\$2,500	Includes foursome, logo on signage
___ Beverage Cart Sponsor	\$2,000	Includes foursome, advertising on cart
___ Longest Drive Sponsor	\$500	Includes twosome, signage
___ Closest to Pin Sponsor	\$500	Includes twosome, signage
___ Longest Putt Sponsor	\$500	Includes twosome, signage
___ Hole Sponsor	\$250	Includes signage and hole sign

I hereby pledge the above indicated amount for the 7th Annual FSACOFP Golf Tournament

Signature Date

PAYMENT: Total \$ _____ Check # _____ payable to FSACOFP Credit Card Payment

MC/Visa/AMEX/Discover (circle one) Card # _____ Sec Code _____ Exp Date _____

Name on Card _____ Zip code for billing address _____ Signature _____

**A portion of the proceeds will benefit the Florida Diabetes Camp.
For more info contact:**

info@fsacofp.org

1-850-878-0213