



SPONSOR REGISTRATION

☐ Yes, our company would like to sponsor the 2014 CHaD All-Star Golf Tournament.

- ☐ \$7,500: Presenting Sponsor
- ☐ \$3,500: Masters "Front/Back Nine" Sponsorship
- ☐ \$2,500: Green Sponsor
- ☐ \$2,000: At-the-Turn Sponsor
- ☐ \$1,500: Cart Sponsor
- ☐ \$800: Corporate Foursome
- ☐ \$250: Contest Sponsor: _____

PROGRAM BOOK ADVERTISEMENTS

- ☐ Full Page \$200 ☐ Half Page \$150 ☐ Third Page \$100



Please submit all program artwork to
Natalie.A.Martinez@Hitchcock.org
on or before **May 15, 2014.**

Sponsorship total: _____

Company Name: _____

Please list company name as it should appear in all print materials

Contact Person: _____

Contact Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

- ☐ Enclosed is our sponsorship check (made payable to "CHaD")
- ☐ Please invoice our company at the address listed above
- ☐ Please charge our sponsorship to the following credit card:

Name as it appears on card: _____

Card number: ____-____-____-____ Expiration Date: ____/____/____

Signature: _____

Logo: A company logo should be made available to CHaD for use in print material and web media, as outlined by spon-

CHaD is a program of Mary Hitchcock Memorial Hospital, a 501(c) (3) non-profit, tax-exempt organization. Proceeds are tax deductible to the extent permitted by law. Tax ID# 02-0222140, Mary Hitchcock Memorial Hospital, dba: Children's Hospital at Dartmouth, CHaD

Please return form to:

CHaD Community Relations
100 Hitchcock Way
Manchester, NH 03104
Fax: (603) 629-8497
Phone: (603) 629-8126



Dartmouth-Hitchcock
**CHILDREN'S HOSPITAL
AT DARTMOUTH**

For further details contact CHaD Community Relations

Natalie Martinez-Harrison • Event Coordinator
603.629.8126 • Natalie.A.Martinez@Hitchcock.org