



Presents the 7th Annual

Akron General Invitational

Monday, June 18, 2018

Congress Lake Club
1 East Drive, Hartville, Ohio 44632

to benefit
Cleveland Clinic
Akron General
Challenge Golf



Schedule

9 a.m.	Registration
10:30 a.m.	Shotgun Start Lunch will be provided <i>Format: Scramble</i>
3:30 p.m.	Cocktail Reception with Heavy Hors d'oeuvres
4:30 p.m.	Program and Tournament Awards

Sponsorship Opportunities

Title Sponsor - \$10,000

(\$8,320 tax-deductible amount)

- Lunch and end of play cocktail party
- Company banner displayed at tournament (must be provided by sponsor)
- Logo on front of program, invitation and event signage

**Custom Activation Available

Players Sponsor - \$5,000

(\$4,160 tax-deductible amount)

- One foursome
- Lunch and end of play cocktail party
- Program and event signage

**Custom Activation Available

Course Sponsor - \$2,000

(\$1,160 tax-deductible amount)

- One foursome
- Lunch and end of play cocktail party
- One hole Sponsor

Foursome - \$1,500

(\$660 tax-deductible amount)

- One foursome
- Lunch and end of play cocktail party

Individual Golfer - \$500

(\$290 tax-deductible amount)

- Lunch and end of play cocktail party

Hole Sponsor - \$500

(\$500 tax-deductible amount)

- Name on hole sign and program

Please return the completed form, along with payment to:

Cleveland Clinic Philanthropy Institute

Attention: Akron Golf

PO Box 931517

Cleveland, OH 44193-1655

SPACE IS LIMITED. Reservation deadline: June 7, 2018

Questions – Please contact Akron General Foundation at 330.344.6888 or AGFoundation@ccf.org.

Registration

Golfer 1 Name Email Handicap

Golfer 2 Name Email Handicap

Golfer 3 Name Email Handicap

Golfer 4 Name Email Handicap

Sponsorship

Yes, my company would like to sponsor at the below level(s):

- ☐ \$10,000
- ☐ \$1,500
- ☐ \$5,000
- ☐ \$500 (individual golfer)
- ☐ \$2,000
- ☐ \$500 (hole sponsor)

I do not wish to be a sponsor, but would like to contribute: \$

Payment Information

- ☐ Check Enclosed (payable to **Cleveland Clinic Akron General Foundation**)
- ☐ Visa ☐ American Express ☐ Discover ☐ MasterCard

Card No: Expiration Date:

Authorized Signature Date

Name/Primary Contact Company / Association

Address City

State Zip Phone

Email