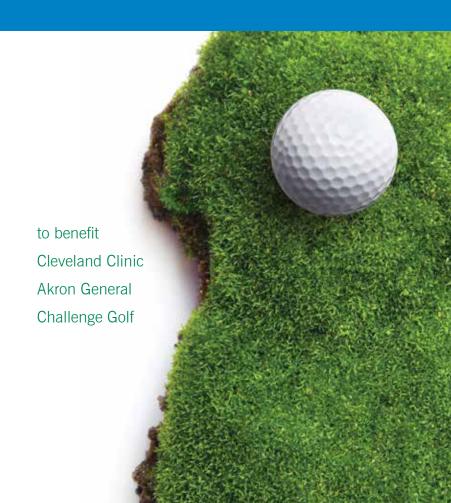


Presents the 7th Annual

Akron General Invitational

Monday, June 18, 2018

Congress Lake Club
1 East Drive, Hartville, Ohio 44632



Schedule

9 a.m.	Registration
10:30 a.m.	Shotgun Start Lunch will be provided Format: Scramble
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

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.

^{**}Custom Activation Available

Registration

Golfer 1 Name		Email		
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):		
1 \$10,000		\$1,500		
\$5,000		\$500 (individual golfer)		
\$2,000		\$500 (hole sponsor)		
I do not wish to be a sponsor, b	out would li	ke to contribute: \$		
Payment Information				
☐ Check Enclosed (payable to €	Cleveland C	linic Akron General Foundation)		
☐ Visa ☐ American Express	☐ Discover	☐ MasterCard		
Card No:		Expiration Date: _		
Authorized Signature		Date		
Name/Primary Contact		Company / Associ	ation	
Address		City		
State Zip		Phone		