

24th Annual  
**MERCY MEDICAL**  
*Charity Golf Tournament*  
**Our community has never needed you more.**

**Thursday, Sept. 23, 2010 • Rock Creek Golf Club • Fairhope**

**Special Tournament Underwriters**

*Check preferred sponsorship:*

\_\_\_\_\_ **Sand Trap Lunch Underwriter ~ \$2000**

*Tax deductible portion = \$1,870*

- Luncheon supplied by Rock Creek.
- Signage on each table during lunch;
- Includes 2 players (value \$350)

\_\_\_\_\_ **19<sup>th</sup> Hole Awards Party Underwriter ~ \$250**

*Tax deductible portion = \$250*

- Signage on each table during post-tournament awards celebration

\_\_\_\_\_ **Hole-in-One Sponsor ~ \$150 (7-night Hawaiian vacation) to \$539 (Masters 5-night Package). Call 621-4884 for details or go to**

<http://www.holeinoneinternational.com/Hole-In-One/PrizePackages.htm>

- Advertising hole signage and other benefits included;
- Only four par 3 holes available for sponsorship at Rock Creek

\_\_\_\_\_ **Merchant Display Area ~ \$300 or item valued at \$300 or more**

- Merchants may set-up and display their products during the lunch break and p.m. registration in the main breezeway for a fee of \$300 **OR** a donated item for our raffle. The item must have a retail value of at least \$300.

**I want to help Mercy Medical by sponsoring \_\_\_\_\_ at \$\_\_\_\_\_.**

**SPONSOR INFORMATION: *Please print***

Sponsor name: (as it will be listed in publicity) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT METHOD: (*Payments due in full by August 30, 2010*)**

\_\_\_ Check enclosed: Payable to Mercy Medical, Attn: Development, P.O. Box 1090, Daphne, AL 36526

\_\_\_ Check to follow. \_\_\_ Please send an invoice.

\_\_\_ Please charge my credit or debit card \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover Card

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_

Cardholder's name: \_\_\_\_\_ Signature Panel Code \_\_\_\_\_  
(LAST 3 DIGITS ON BACK OF CARD)

Cardholder's address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Please complete and fax your pledge form to the Development Office at FAX # 251.621.4324.**

If you have questions, please call 251.621.4884. Thank you for your support of Mercy Medical!