



Presented by:
TERMAC CONSTRUCTION, INC.

**Friday, August 26, 2011 • Rock
 Creek Golf Club • Fairhope**

SPONSORSHIP & DONATION PLEDGE FORM

Yes, I want to support Mercy Medical's Patient Charity Care programs and the 25th Annual Mercy Medical Charity Golf Tournament. *I understand my pledge is payable in full on or before August 15, 2011.*

SOLD! PRESENTING SPONSOR ~ \$10,000 – Four players - See sponsorship levels for details.

PLATINUM SPONSOR ~ \$3,500 – Four players - See sponsorship levels for details.

GOLD SPONSOR ~ \$1,000 – Includes sign at tee box, selected publicity, and two players.

SILVER SPONSOR ~ \$500 – Includes selected publicity and one player.

ADDITIONAL PLAYERS ~ # _____ player(s) at \$150* each AMOUNT \$ _____

* Player fee includes lunch, practice range balls, greens and cart fees, beverages on the course, post-tournament refreshments, great prizes.

DONATION ~ I will not be able to participate as a sponsor, but would like to make a donation.

DONATION AMOUNT \$ _____

TOTAL PLEDGE AMOUNT \$ _____

I would like to donate an item (gift certificate/door prize/etc.) to help Mercy's tournament.

Please contact me for details and to make arrangements for securing the item.

PLEASE PRINT LEGIBLY

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

FAX: _____ Email: _____

TEE TIME: One p.m. Shotgun; Registration and lunch begin at 11 a.m.

Signature *Please print name and title* *Date*

PAYMENT METHOD: (Payments due by August 15, 2011)

Check enclosed: Make 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 or email it to development@mercymedical.com. We will contact you to discuss your players and confirm other details of your participation. Questions? Please call 251.621.4884. Thank you for your support of Mercy Medical!

Mercy Medical is a non-profit 501(c)3 organization. Federal tax ID #63-6002215. Please write to us at P.O. Box 1090, Daphne, AL 36526 if you wish to have your name removed from the list to receive fundraising requests supporting Mercy Medical in the future.