
14TH ANNUAL TEE-OFF FOR HOME CARE

SPONSOR REPLY

Name _____
Title _____
Company _____
Address _____
City, ST, Zip _____
Telephone (_____) _____
Email _____

Yes, I/we wish to support the Tee-Off at the following level:

Platinum Circle \$15,000
 Gold Circle \$10,000
 Silver Circle \$5,000
 Individual golfer (*limited availability*) \$500

ADVERTISEMENT IN PROGRAM BOOK

(The following opportunities do not include golf.)

Full-Page Ad (3-1/4" w x 6-1/4" h) \$1,000
 Half-Page Ad (3-1/4" w x 3-1/8" h) \$500
 Quarter-Page Ad (3-1/4" w x 1-9/16" h) \$250

I/we are not able to participate; please find enclosed a donation of \$_____.

Advertising deadline: May 25, 2007. Please e-mail ad artwork for program book in PDF format and logo for signage in EPS format to: mforstey@partners.org

PAYMENT OPTIONS

Check enclosed (*payable to Partners Home Care*)

Charge the following credit card:

MC _____ Visa _____ Amex _____

Card # _____ Exp. ____/____

Name (*as shown on card*): _____

Signature: _____

Partners Home Care is a non-profit 501(c)(3). Tax ID #04-2918280

GOLFER REGISTRATION FORM

List Players in Foursome:

Name _____
Company _____
Address _____
City, ST, Zip _____
E-mail _____

Name _____
Company _____
Address _____
City, ST, Zip _____
E-mail _____

Name _____
Company _____
Address _____
City, ST, Zip _____
E-mail _____

Name _____
Company _____
Address _____
City, ST, Zip _____
E-mail _____

Please return completed form to:

Tee-Off for Home Care
281 Winter Street, Suite 240
Waltham, MA 02451
or by fax to: 781-290-4050

For questions: Call Melinda Forstey at 781-290-4094 or e-mail: mforstey@partners.org