



To Benefit • Partners HealthCare at Home

June 22, 2011 • PINEHILLS GOLF CLUB • PLYMOUTH, MA

SPONSOR BENEFITS

LEVEL SPONSOR BENEFITS

**PLATINUM
CIRCLE
\$15,000**

- Prominently listed with company logo on event brochure, printed materials, and website;
- Recognized in event publicity;
- Premium full-page color ad in the commemorative yardage guide;
- Listed with company logo on special recognition banners and signs at putting green, driving range, and hole sponsor sign;
- Special recognition during dinner;
- Two foursomes.

**GOLD
CIRCLE
\$10,000**

- Listed with company logo on event brochure, printed materials, website, and publicity;
- Full-page color ad in the commemorative yardage guide;
- Listed with company logo on recognition banner and hole sponsor sign;
- Recognition during dinner;
- One foursome.

**SILVER
CIRCLE
\$5,000**

- Listed as sponsor on event brochure, printed materials and website;
- Full-page ad in the commemorative yardage guide;
- Listed on banner at event and hole sponsor sign;
- One foursome: includes 18-holes, breakfast, lunch, dinner, hosted beverages, carts.

SPONSORSHIP AND OTHER OPPORTUNITIES

Yes, we would like to support the 18th Annual Tee-Off at the following level:

- | | | | |
|--|----------|--|---------|
| <input type="checkbox"/> Platinum Circle | \$15,000 | <input type="checkbox"/> Full-page ad (3 3/8" x 6 1/2") | \$1,000 |
| <input type="checkbox"/> Gold Circle | \$10,000 | <input type="checkbox"/> Half-page ad (3 3/8" x 3 1/4") | \$500 |
| <input type="checkbox"/> Silver Circle | \$5,000 | <input type="checkbox"/> Quarter-page ad (3 3/8" x 1 5/8") | \$250 |

Ad deadline is June 3. Ad sizes are maximum "live area" for a 4" x 7" page. Please email artwork in PDF format to mecallahan@partners.org.

Please accept the following auction contribution:

Value: \$ _____ Item will be sent to Partners HealthCare at Home Please contact me for pick-up

PAYMENT AND REPLY INFORMATION

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ E-mail: _____

Amt. enclosed: \$ _____ Check (payable to Partners HealthCare at Home) or Credit Card # _____

Expiration Date: ____/____/____ Authorized Signature: _____

Return this completed form with your payment to the address/fax below or contact:
 Maura Callahan • Tel: 617.724.8786 • Fax: 617.724.1000 • email: mecallahan@partners.org
 Partners HealthCare Development Office • 101 Merrimac Street, Suite 300 • Boston, MA 02114

