



present the 24th annual

FRIENDS of CHILDREN GOLF CLASSIC



THURSDAY, OCTOBER 17, 2019
GATES FOUR GOLF AND COUNTRY CLUB

With the support of friends like you, we're able to help children who are in need of medical care, compassion, hope and healing.

JOIN US in supporting the children!

Your donation helps ensure that we are able to provide the best treatment, with the latest high-tech facilities and equipment, at the hands of the most capable physicians and staff. We work hard to ensure quality and compassionate medical care is available for the smallest patients in our health system.

Proceeds from this year's event will be used to replace all wooden bassinets in the Family Centered Care Unit with state-of-the-art bassinets. These new bassinets will improve functionality, cleanability, infant safety and perception of care for all Cape Fear Valley Medical Center's new families.

SHOW YOUR SUPPORT TODAY. Limited player and sponsor opportunities available. For more information, please contact Cape Fear Valley Health Foundation at (910) 615-1285.

OPPORTUNITIES for SUPPORT

SPONSOR PARTICIPATION	PRESENTING \$10,000	PARTNER \$7,500	PLATINUM \$5,000	GOLD \$3,500	\$1LVER \$2,500	PATRON \$1,500	PIN FLAG \$750	PLAYER \$500	HOLE \$250
Golfer Spots	8	6	4	3	2		1	1	
Tennis Spots	2	1	1						
Invitation to a Signature VIP Event Wednesday, Oct. 16, with Mike Nagowski, CEO, and select Vice Presidents	•	•	•			•			
EVENT PROMOTIONS									
Logo on Pin Flag					0				
Logo on Ball Drop Area									
Logo on Player Gift									
Presenter of Awards Dinner					0	0	0		
Recognition at Events					0	•	0		
Logo on sponsor packets			0		0	0	0	0	
Logo and link on tournament website									
Name on tournament website									
Recognition in Cape Fear Valley Health & Foundation Publications	•	•	•		0	0	0		
EVENT RECOGNITION									
Presenting Sponsor photo			0		0		0		0
Logo on tournament banner					0		0		0
Name on tournament banner	0		0			0	0		
Recognition during live program							0		0
Logo on hole sign						•	0		
Donor wall recognition						•	0	\circ	

The 24th annual



FRIENDS of CHILDREN GOLF CLASSIC

Don't miss this opportunity to spend some quality time with Cape Fear Valley leadership, in a casual and fun setting. Great food, drinks, golf and conversation are all part of the experience. All while raising money for children's services at Cape Fear Valley.

Coming in from out of town? We can arrange accommodations and transportation.

For more information and details call Cape Fear Valley Health Foundation at (910) 615-1285.















TOURNAMENT :: TENTATIVE AGENDA

WEDNESDAY, OCTOBER 16, 2019

Afternoon:: Tour of the Medical Center and meeting with Purchasing for sponsors at the Platinum level and above. [optional]

Evening:: Featuring a private VIP social for Foundation
Signature Community Partners and sponsors at the
Platinum level and above. It provides a casual environment
and the opportunity to engage in conversation with Cape
Fear Valley Health Vice Presidents and leaders. This is a great
occasion to discuss your company's involvement with Cape
Fear Valley Health.

THURSDAY, OCTOBER 17, 2019

Join your friends from the Foundation for a special day of golf, relaxation, business and fun! All to support children's services at Cape Fear Valley Health.

11:00 AM :: Lunch for all groups

11:00 AM :: Golfer registration

12:30 PM :: Tee off

6:00 РМ :: Prizes and awards presented

and Helicopter Ball Drop

CAPE FEAR VALLEY HEALTH FOUNDATION'S FRIENDS of CHILDREN GOLF CLASSIC

Now is your opportunity to help children in our community. Please complete the form below and return it by **Monday, October 7, 2019** to Cape Fear Valley Health Foundation, P.O. Box 87526, Fayetteville, N.C. 28304.

For more information, please call (910) 615-1285 or email foundation@capefearvalley.com.

CHECK ONE

- Presenting Sponsor: \$10,000
- Partner Sponsor: \$7,500
- Platinum Sponsor: \$5,000
- Gold Sponsor: \$3,500
- Silver Sponsor: \$2,500
- Patron: \$1,500
- Pin Flag: \$750
- Player Sponsor: \$500
- Hole Sponsor: \$250
- Other:\$_

SPONSORSHIP PLEDGE FORM

COMPANY OR INDIVIDUAL NAME:	PHONE:					
YOUR NAME [PLEASE PRINT]:	PHONE:					
ADDRESS:						
CITY:	STATE: ZIP:					
EMAIL:						
SIGNATURE:	DATE:					
We will provide players. ☐ Yes ☐	No Please provide information to the right.					
☐ Check ☐ Cash ☐ Please send an i	nvoice Contact me for payment options					
Credit Card: Visa Americ	can Express					
CARD NUMBER:	SIGNATURE:					
LAKD NUMBER:	SIGNATURE:					
EXPIRATION DATE:	3-digit security code:					
	name to appear in donor recognition lists for future					
publications and the donor wall:						
☐ I wish to give anonymously. Please do not	t list my name on the donor wall or in future publications.					

GOLFER/TEAM INFORMATION

Golfers will receive premium player gift, lunch, beverages and snacks during the tournament and dinner at the Awards Ceremony.

GOLFER [PRIMARY CONTACT]:	TEAM/SPONSOR:					
ADDRESS						
CITY	STATE	ZIP				
EMAIL:	PHONE					
HANDICAP						
GOLFER[2]						
EMAIL:	PHONE					
HANDICAP						
GOLFER[3]						
EMAIL:	PHONE					
HANDICAP						
GOLFER[4]						
EMAIL:	PHONE					
HANDICAP						

Thank you. We appreciate your support.