

SPONSOR COMMITMENT FORM

Your Name or Business/Company Name *(as you prefer it to appear on event materials)*

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

- | | |
|--|--|
| <input type="checkbox"/> Presenting Sponsor (\$10,000) | <input type="checkbox"/> Beverage Sponsor (\$1,500) |
| <input type="checkbox"/> Tournament Sponsor (\$7,500) | <input type="checkbox"/> Driving Range Sponsor (\$1,000) |
| <input type="checkbox"/> Dinner Sponsor (\$5,000) | <input type="checkbox"/> Hole Sponsor (\$500) |
| <input type="checkbox"/> Lunch Sponsor (\$2,500) | <input type="checkbox"/> Putting Green Sponsor (\$250) |
| <input type="checkbox"/> Golf Cart Sponsor (\$1,500) | |

Please make checks payable to: *Candor Health Education*
Please return this completed form and check to:

*Peyton Hammon
Candor Health Education
15 Spinning Wheel, Suite 410
Hinsdale, IL 60521*

Thank you for your generous support!

Candor Health Education is a 501(c)3. Our Tax ID is 36-2608742

If you have any questions, please contact Peyton Hammon at 630-325-1900, ext. 222
or email: phammon@candorhealthed.org