

15th Annual Foreman Foundation Golf Outing

Join Us Friday, July 16, 2010



Scotch Valley Country Club
Hollidaysburg, PA

Donation Form

Check appropriate sponsorship levels and include total sponsorship cost on reverse side. Please remember to include golfers' names and number of dinners required. If you do not wish to golf, see the additional sponsorship opportunities on reverse side. Thank you.

Sponsorship Opportunities for Golfers

(Golfers - Check all that apply)

<p>Platinum \$5,000</p> <p>Golfers' names:</p> <p>1. _____</p> <p>2. _____</p>	<p>Includes: 4 golfers, 8 dinners, 2 putts per person in foursome for the car, 2 signs on course, 1 full page ad*</p> <p>3. _____</p> <p>4. _____</p>	<p># of dinners required: _____</p>
<p>Gold \$2,500</p> <p>Golfers' names:</p> <p>1. _____</p> <p>2. _____</p>	<p>Includes: 4 golfers, 8 dinners, 1 putt per person in foursome for the car, 1 sign on course, 1 full page ad*</p> <p>3. _____</p> <p>4. _____</p>	<p># of dinners required: _____</p>
<p>Silver \$1,500</p> <p>Golfers' names:</p> <p>1. _____</p>	<p>Includes: 2 golfers, 4 dinners, 2 chip shots per person for the \$1,500, 1 sign on course, 1 half page ad*</p> <p>2. _____</p>	<p># of dinners required: _____</p>
<p>Bronze \$625</p> <p>Golfer's name:</p> <p>1. _____</p>	<p>Includes: 1 golfer, 2 dinners, 1 chip shot for the \$1,500, 1 sign on course, 1 half page ad*</p>	<p># of dinners required: _____</p>
<p>Individual \$250</p> <p>Golfer's name:</p> <p>1. _____</p>	<p>Includes: 1 golfer, 1 dinner</p>	<p># of dinners required: _____</p>
<p>Banquet Only \$75</p>	<p>Includes: 1 dinner</p>	<p># of dinners required: _____</p>

*** Program Advertisement Specifications**

Camera-ready artwork is required. Advertisements will be printed in black and white.

Full page - 4.75" x 7.75" Half page - 4.75" x 3.75"

I would like to golf with:

See you at Scotch Valley for a great day of golf!!

Other Sponsorship Opportunities

(Golfers and Non-Golfers -
Check all that apply)

I am/We are unable to attend but, have enclosed a tax-deductible contribution in the amount of \$ _____

_____ **Program Ads*:** _____ \$150 Full-Page Ad _____ \$75 Half-Page Ad

** See Reverse Side for Ad Specifications*

Sponsor/Donator Information

Your Name: _____ Ph #: _____

Address: _____ City, ST Zip: _____

E-Mail Address: _____

Foreman Foundation Contact: _____

Check Number: _____ Amount: _____

All donors are recognized at their sponsorship levels through a listing in the program. Requests for anonymity are honored.

I grant the Foreman Foundation permission to publish the following as a contributor:

(Please print sponsor name exactly as listing should appear.)

Sponsor wishes to remain anonymous.

Please make checks payable to and send entry to:

The Foreman Foundation
P.O. Box 189, Zelienople, PA 16063
www.foremanfoundation.org

For more information contact: Juli Rogozewicz at (724) 452-9690, Ext. 4178
fax: 724-452-5054 e-mail: juli.rogozewicz@foremangroup.com

Ads MUST be submitted by June 9, 2010

For Office Use Only

Date: _____

Rec'd By: _____

Ad Rec'd: _____

GW _____ D _____ AB _____

Thank you for your support!!