

The Foundation of Collier County Medical Society presents

Docs & Duffers 2022

SUPPORT OPPORTUNITIES

9th Annual Charity Golf Tournament benefiting scholarships for future medical professionals and funding to local healthcare programs in need

Saturday, Sep. 24, 8:00am Bonita Bay Club Naples

Sponsorships

Presenting Sponsor: \$4,000 (limit 1)

- 1 foursome and 2 additional golfers (6 total)
- 2 tickets to the awards luncheon
- Exhibit table at registration and luncheon
- Dedicated signage at registration and lunch
- Logo in top position on digital & printed materials
- 2-3 minute speaking opportunity and shared award presentation duties at luncheon
- One ½ page editorial in CCMS member magazine and a spotlight in e-newsletter
- Name in press releases and media promotions
- Opportunity to place brochures/giveaways on luncheon dining tables

Ace Sponsor: \$2,500 (limit 2)

- 1 foursome and 2 additional luncheon tickets
- Exhibit table at tee, registration, or luncheon (choose 1)
- Signage at registration and lunch
- Logo in second position on digital & printed materials
- 1-2 minute speaking opportunity at luncheon
- Spotlight in CCMS member magazine and e-newsletter
- Name in press releases and media promotions
- Opportunity to place brochures/giveaways on luncheon check-in tables

Eagle Sponsor: \$1,775 (limit 4)

- 1 foursome and 1 additional luncheon ticket
- Exhibit table at tee or hole sign (your choice)
- Logo on digital & printed materials
- 1-2 minute speaking opportunity at registration
- Logo in CCMS member magazine
- Opportunity to place brochure/giveaway in goodie bags

Birdie Sponsor: \$1,275

- 1 foursome
- Exhibit table at tee or hole sign (your choice)
- Logo or name (as space allows) on digital & printed materials
- Verbal acknowledgment at event
- Name in CCMS member magazine
- Opportunity to place brochure/giveaway in goodie bags

Hole Sponsor: \$550

- 2 tickets to awards luncheon
- Exhibit table at tee or hole sign (your choice)
- Name on marketing materials as space allows
- Opportunity to place brochure/giveaway in goodie bags

Underwriting

Contact CCMS for benefits & availability:
april@ccmsonline.org or 239-435-7727

Breakfast Supporters: \$300 and up

Beverage Supporters: \$300-\$1,000

Goodie Bag Sponsor: \$1,000-\$1,200

Golfer Gift Bag Items: from \$250 and up

Bottled Water Sponsors

Golf Ball Sponsor

Golf Umbrella Sponsor

or, suggest your own give-away
(120 items, subject to approval)

**Donate an Award, Raffle Prize,
or Auction Item**

Golfer Fees

\$195/golfer or \$750/foursome
includes cart & greens fees, goodie bag,
refreshments, and awards luncheon

**Mulligans Available for Purchase
Hole Contest Foursome & Individual Awards**



www.ccmsfoundation.org

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9th Annual Charity Golf Tournament

Saturday, September 24th • Bonita Bay Club Naples

Sponsorships are first-come, first-served. Complete the form below and return to the Foundation of CCMS:

fax: (239) 435-7790 • email: info@ccmsonline.org • mail: 88 12th St N, Unit 200, Naples FL 34102

Individual golfers and foursomes deadline is September 15, 2021 – you can also register & pay at ccmsfoundation.org

Call CCMS at 239-435-7727 for more information

Company: _____ Phone: _____

Contact: _____ Address: _____

E-mail: _____ City/State/Zip: _____

Please select your sponsorship level:

___ Presenting Sponsor \$4,000

___ Ace Sponsor \$2,500

___ Eagle Sponsor \$1,775

___ Birdie Sponsor \$1,275

___ Hole Sponsor \$550

___ Foursome Only \$750 Qty: ___

___ I am interested in underwriting opportunities

___ I am interested in providing prize items

Golfer Names (does not apply to Hole Sponsors)

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Player 5: _____

Player 6: _____

Player 7: _____

Player 8: _____

PAYMENT INFORMATION

Make checks payable to the Foundation of Collier County Medical Society.

A portion of your donation may be tax deductible within IRS guidelines - consult with your tax advisor.

Total \$ _____ ___ Check enclosed ___ Visa ___ MasterCard ___ American Express

Card #: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

Signature of Cardholder: _____