

Breast Cancer Research Foundation of Alabama

Invites you to

DRIVE-OUT BREAST CANCER

at the 15th Annual Drive Out Breast Cancer LPGA Pro-Am Golf Event

Monday, May 3, 2010

Old Overton Club

9:30 am Shotgun Scramble

Sponsorships

GOLD TEAM SPONSOR includes 4 amateur playing spots, signage, full-page B&W program ad, tee sign, gifts and prizes. Also includes 8 tickets to the "Pink Palace Casino Night" on Saturday, May 1, 2010. (100% tax deductible less \$100 per player in gifts and prizes) **\$5,400 donation**

SILVER 1/2 TEAM SPONSOR includes 2 amateur playing spots, signage, 1/2 page B&W program ad, gifts, and prizes. Also includes 4 tickets to the "Pink Palace Casino Night" on Saturday, May 1, 2010. (100% tax deductible less \$100 per player in gifts and prizes) **\$2,700 donation**

BRONZE PLAYER SPONSOR includes 1 amateur playing spot, signage, 1/4 page B&W program ad, gifts, and prizes. Also includes 2 tickets to the "Pink Palace Casino Night" on Saturday, May 1, 2010. (100% tax deductible less \$100 per player in gifts and prizes) **\$1,350 donation**

TEE SIGN sign on golf course recognizing your company, or reflect a memorial or honorarium for a special person. (100% tax deductible) **\$500 donation**

PROGRAM ADS advertise your company, or honor a loved one with a full/half/or quarter page B&W ad in tournament program. (100% tax deductible) **\$600/\$300/\$150 donation**

Entry Form Agreement

Name _____
Business _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ - _____ Email _____

Level of Sponsorship _____

Deadline for program ads-March 2, 2010

Name _____ Handicap _____

Shirt Size _____ M/F

Name _____ Handicap _____

Shirt Size _____ M/F

Name _____ Handicap _____

Shirt Size _____ M/F

Name _____ Handicap _____

Shirt Size _____ M/F

Program Ad Information Size Ad: (_Full _1/2 _1/4)

In honor of: _____

In loving Memory of: _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Information

Check Attached in the amount of: _____

Bill me at the above address: _____

Charge my credit card in the amount of: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Signature _____

For more information, please contact **Jennifer Galbreath**, Program Director at (205) 996-5463 or by e-mail at jgalbrea@uab.edu. For program ad specs, visit our website at www.bcrfa.org

Entry Forms and Program Ads are due by March 2, 2010