Spectrum for Living’s
16th Annual Golf Classic
September 29, 2020 – Alpine Country Club – Demarest, New Jersey

SPONSORSHIP OPPORTUNITIES

All Sponsorships include: Site specific signage, listing on our website www.spectrumforliving.org, and mention in our newsletter and annual report, which have a distribution to over 8,000 recipients.

We encourage all sponsors to donate promotional merchandise to be included in the golfer’s gift bag. Suggested items include (but are not limited to) golf balls, tees, golf towels, hats, pens, golf gear, etc. and must be received by Friday, September 11, 2020.

□ TITLE SPONSOR - $7,000
- 3 Foursomes
- Executive Welcome Banner
- 3 Hole Sponsors

□ COCKTAIL SPONSOR - $5,000
- 2 Foursomes
- 2 Hole Sponsors
- Company name/logo displayed during cocktail

□ TECHNOLOGY SPONSOR - $4,500
SHARK EXPERIENCE
- 1 Foursome
- Company name/logo to appear on golf cart’s display screen and other integrated devices

□ LUNCH SPONSOR - $3,500
- 1 Foursome
- 1 Hole Sponsor
- Company name/logo advertised during lunch

□ DRIVING RANGE SPONSOR - $2,500
- 2 Individual Golfers
- Company name/logo advertised at Driving Range

□ REFRESHMENT SPONSOR - $2,000
- Company name/logo on Refreshment Cart and at Refreshment Stations

□ CART SPONSOR $1,500
- Company name/logo to appear on all Golf Carts

□ CHALLENGE HOLES SPONSOR $550
- Company name/logo advertised at Challenge Hole (Longest Drive/Closest to Pin)

□ PUTTING GREEN SPONSOR $350
- Company name/logo advertised at Putting Green

□ HOLE SPONSOR $300
- Company name/logo advertised on HD display in golf cart at designated hole area

2020 SPONSORSHIP ENTRY FORM

□ $7,000 Title
□ $5,000 Cocktail
□ $4,500 Technology
□ $3,500 Lunch
□ $2,500 Driving Range
□ $175 Cocktail Only
□ I cannot participate, but please accept my donation of $_____.

All checks should be made out to Spectrum for Living Development and mailed to:
Spectrum for Living Development, Spectrum for Living
210 Rivervale Road, River Vale, NJ 07675
For more information, please call 201.358.8081 or email Lstroud@spectrumforliving.org.

Name: ________________________________
Company Name: _______________________
Address: _______________________________
City: ___________________ State/Zip: __________
Phone: __________________ Fax: ____________
E-mail: ________________________________

Total: $________________
_____ Cash _____Check
_____ Credit Card ___Visa ___MasterCard ___AMEX ___Discover

Credit Card# ____________________________
Exp._______ CID# ______________
Name (as it appears on card) ___________________________
Signature ________________________________