



Hackensack Meridian  
Ocean University Medical Center  
Foundation

# GOLF OUTING

Monday, May 8, 2023

(Rain Date: Monday, May 15, 2023)

9:30 a.m. Registration and Breakfast

10:30 a.m. Shotgun Start

Cocktail Reception following play

Manasquan River Golf Club  
Brielle, NJ

## TOURNAMENT SPONSORSHIP PACKAGES

Multiple sponsorships available; all packages are non-exclusive

### \_\_\_ TITLE SPONSORS - \$20,000

Includes two foursomes of golf, sponsorship mentioned in all press releases, logo on brochure and website, verbal recognition during program, eight mulligans for play on event day, signage and premium recognition throughout the course

### \_\_\_ TOURNAMENT BENEFACTORS - \$15,000

Includes a foursome of golf, sponsorship mentioned in all press releases, verbal recognition during program, four mulligans for play on event day and signage

### \_\_\_ DINNER SPONSORS - \$10,000

Includes a foursome of golf, prominent recognition where dinner will be distributed and signage

### \_\_\_ BREAKFAST & COCKTAIL RECEPTION SPONSORS - \$7,500

Includes a foursome of golf, prominent recognition during breakfast and cocktail reception and signage

### \_\_\_ CORPORATE SPONSORS - \$5,500

Includes a foursome of golf and signage

### \_\_\_ SINGLE GOLFER - \$1,500

Includes a reservation for a single golfer

## EVENT SPONSORSHIP

Includes event signage

\_\_\_ \$3,000 Golf Cart Sponsors

\_\_\_ \$2,000 Halfway House Sponsors

\_\_\_ \$1,000 Player Gift Sponsors

\_\_\_ \$500 Tee/Green Sponsors

\_\_\_ \$150 Cocktail Reception Reservation(s)  
begins immediately following golf

\_\_\_ I cannot attend but wish to contribute \$\_\_\_\_\_

Register online at [GiveHMH.org/OUMCGolf](http://GiveHMH.org/OUMCGolf)

\_\_\_\_\_  
Name/Company

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Fax

Total Participation \$ \_\_\_\_\_

Payment Enclosed \_\_\_\_\_ Invoice \_\_\_\_\_ Charge \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on the credit card

\_\_\_\_\_  
Signature required for invoicing or to process credit card charges

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Amex \_\_\_ Discover

\_\_\_\_\_  
Credit card # Exp. Date Security Code

**Please complete and return this form to Ocean University Medical Center Foundation**  
at 343 Thornall Street, 7th Floor, Edison, NJ 08837. For more information, please contact Paige Cooper,  
operations specialist, Strategic Events, at [paige.cooper@hmn.org](mailto:paige.cooper@hmn.org) or 201-519-2446.

Please contact us at 848-308-5000 or [FoundationOptOut@hmn.org](mailto:FoundationOptOut@hmn.org) if you wish to have your name removed  
from the list to receive fundraising requests supporting Ocean University Medical Center Foundation in the future.