



Hackensack Meridian  
Ocean University Medical Center  
Foundation

# GOLF OUTING

**Monday, May 13, 2024**  
9 a.m. Registration and Breakfast  
10:30 a.m. Shotgun Start  
Manasquan River Golf Club  
Brielle, NJ  
Cocktail reception following play

## TOURNAMENT SPONSORSHIP PACKAGES

Multiple sponsorships available; all packages are non-exclusive

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

Includes two foursomes of golf, 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, 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

\_\_\_ \$200 Cocktail Reception Reservation(s)  
begins immediately following golf

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

## PLAYER GIFTS

Golfers will be able to select from a variety of products from:



**Visit [GiveHMH.org/OUMCGolf](https://GiveHMH.org/OUMCGolf) to register online.**

\_\_\_\_\_  
Name/Company (please list as you would like to appear on signage)

\_\_\_\_\_  
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  
Meagan O'Flaherty, manager, Strategic Events, at [meagan.oflaherty@hmhn.org](mailto:meagan.oflaherty@hmhn.org) or 848-275-1361.

Please contact us at 848-308-5000 or [FoundationOptOut@hmhn.org](mailto:FoundationOptOut@hmhn.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.