33rd Annual SDBIF Golf Classic

Event Sponsorship Opportunities

Be a Part of the 33rd Annual SDBIF Charity Golf Classic

OVER **4000** SDBIF.ORG Visits / Month

☐ PLATINUM SPONSOR $2,500

- Primary placement & sizing of your logo on:
  - » All event signage and emails
  - » SDBIF website homepage graphic & event page
  - » SDBIF Facebook post, banner graphic & app
  - » Classy Registration page
- Inclusion on the invitation, if payment is received by March 6, 2017
- Inclusion in the tournament day program
- Opportunity to provide promotional items given out to every attendee at the event
- Publication in our newsletter
- 2 complimentary golf entries
- Mention by the emcee at the dinner

☐ GOLD SPONSOR $1,500

- Secondary placement & sizing of your logo on:
  - » SDBIF website homepage graphic & event page
  - » SDBIF Facebook post
  - » Classy Registration page
  - » All event emails
- Inclusion on the invitation, if payment is received by March 6, 2017
- Opportunity to provide promotional items given out to every attendee at the event
- Inclusion in the tournament day program
- Publication in our newsletter
- 1 complimentary golf entry

☐ SILVER SPONSOR $1,000

- Tertiary placement & sizing of your logo on:
  - » SDBIF website homepage graphic & event page
  - » SDBIF Facebook post
  - » Classy Registration page
  - » All event emails
- Inclusion on the invitation, if payment is received by March 6, 2017
- Opportunity to provide promotional items given out to every attendee at the event
- Inclusion in the tournament day program
- Publication in our newsletter

EVENT SPONSORSHIP COMMITMENT

Company or Sponsor Name _____
(as it should appear on promotional materials)

Contact Name/Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Sponsorship Level Commitment _____

Signature _____ Date _____

☐ I/we will mail payment in full to SDBIF at the address below.

☐ I/we authorize SDBIF to charge my/our credit card in the amount of $ _____

Name as it appears on the card: _____

Credit Card Type ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date ☐☐/☐☐ Security Code ☐☐☐☐

(The card security code is a unique three of four digit number, separate from your credit card number.)

SDBIF SAN DIEGO BRAIN INJURY FOUNDATION

Please send a completed commitment form and your check (if applicable) to:

Tax ID #33-0072774

The San Diego Brain Injury Foundation
P.O. Box 84601, San Diego, CA 92138
or, fax to: (619) 294-2911
For questions, call SDBIF at (619) 294-6541

Collateral Sponsorship Opportunities

Be a Part of the 33rd Annual SDBIF Charity Golf Classic

GET YOUR BRAND ON ITEMS THAT WILL BE SEEN BY EVERY GOLFER!

☐ HOLE SPONSOR — $250 (18 avail.)

- Your logo on the sign placed by the tee area
- Inclusion in tournament day program
- Publication in our newsletter
- Logo placement on website
- SDBIF Facebook post

☐ GOLF CART SPONSOR — $500 (2 avail.)

- Your logo placed on every golf cart for the tournament
- Inclusion on invitation if payment is received by March 6, 2017
- Inclusion in tournament day program
- Publication in our newsletter
- Logo placement on website
- SDBIF Facebook post

☐ DONATION — $_____

- I would just like to make a donation in the above amount
- I would like to make a donation to the auction, the description of the item(s) are below:

_____
_____
_____
_____
_____

☐ LUNCH SPONSOR — $500 (2 avail.)

- Your logo and signage placed all around the lunch area
- Table signs with your logo
- Inclusion on invitation if payment is received by March 6, 2017
- Inclusion in tournament day program
- Publication in our newsletter
- Logo placement on website
- SDBIF Facebook post

COLLATERAL SPONSORSHIP COMMITMENT

Company or Sponsor Name _____
(as it should appear on promotional materials)

Contact Name/Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Sponsorship Level Commitment _____

Signature _____ Date _____

☐ I/we will mail payment in full to SDBIF at the address below.

☐ I/we authorize SDBIF to charge my/our credit card in the amount of $ _____

Name as it appears on the card: _____

Credit Card Type ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date ☐☐/☐☐ Security Code ☐☐☐☐

(The card security code is a unique three of four digit number, separate from your credit card number.)

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