



Rikki's Refuge 3rd Annual Benefit Golf Tournament

Cannon Ridge Golf Club
9000 Celebrate Virginia Parkway, Fredericksburg VA

July 16, 2010, 8:30 AM Shotgun Start (Registration begins at 7:30 AM)

Sponsorship

Business: _____

Name: _____

Address: _____

City, State Zip: _____

Telephone: _____

E-mail: _____

Sponsorship Level (select)

Includes:

Co-Sponsor - \$850

- 8 players
- Hole sponsoring sign on specific hole
- Marketing items for inclusion in goody bag
- Title recognition in any publicity received for the event
- Logo recognition on all flyers and posters

Team Sponsor - \$375

- 4 players
- Marketing items for inclusion in goody bag

Luncheon Sponsor - \$250

- Prominent sign placement in banquet room
- Marketing items for inclusion in goody bag

Event Sponsor - \$150
(limited number available)

- Sponsorship sign on specific hole
- Marketing items for inclusion in goody bag
 - Closest to the hole
 - Longest drive
 - Putting contest

Hole Sponsor - \$100
(limited number available)

- Sponsorship sign on specific hole
- Marketing items for inclusion in goody bag

Tee & Green Sponsor - \$100

- Memorial, Honorary or Sponsorship sign using your photo/words

Goody Bag Sponsor - \$25

- Marketing items for inclusion in goody bag

Method of payment

Amount: _____ Cash Check Paypal Credit Card (see next page)

Rikki's Refuge, PO Box 1357, Orange, VA 22960 ~ 540-854-0870 x2 ~ mail@RikkisRefuge.org

Rikki's Refuge is owned and operated by Life Unlimited of Virginia, Inc., an IRS 501(c)(3) not-for-profit Virginia Corporation. Federal Tax-ID 54-1911042, your donations provide direct support. A financial statement is available upon written request from the State Office of Consumer Affairs.



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Credit Card Payment Form

For Credit Card payment, please complete the following form and mail it with your sponsorship form to Rikki's Refuge, P.O. Box 1357, Orange VA 22960

Note: You can also pay by credit card on-line at Paypal.com, using mail@rikkisrefuge.org.

Sponsorship Amount: _____

Card Information:

Visa MasterCard Discover American Express

Card Number: _____

Card Verification Number: _____ Expiration Date: _____

Cardholder Signature

Billing Information:

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Email _____

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