



## **Sponsorship Packages and Entry Fees April 28-29, 2023**

**"Celebrity Touchdown" Hole Sponsor \$8,500**

- Opportunity to set-up company promotion on a hole (4/29)
- 5 some (4 golfers + 1 celebrity) (4/29)
- 6<sup>th</sup> choice of Celebrity for golf tournament (in order of payment received)
- 4 admitted to Pairings Party (4/28)
- 1 room at the Cambria, Madeira Beach (4/28 & 29)
- 2 teams of 2 entry into post-golf corn toss tournament (4/29)
- Logo on event shirt
- Product placement in gift bags
- Event gift bags for golfers

**"Celebrity 1st Down" Golf 5 Some \$5,500**

- 5 some (4 golfers + 1 celebrity) (4/29)
- Celebrity golfer selected in order of payment received
- 4 admitted to Pairings Party (4/28)
- 2 teams of 2 entry into post-golf corn toss tournament (4/29)
- 1 room at the Cambria, Madeira Beach (4/28 & 29)
- Event gift bags for golfers



## 2022 CELEBRITY OUTDOOR WEEKEND ORDER FORM

Last Name:	First Name:	
Company Name:		
Mailing Address:		
City:	State:	Zip:
Office Phone: ( )	Cell: ( )	Home: ( )
Email Address:	Website Address:	

### Golf Sponsorship & Entry Options Fees

**Please Select**

<input checked="" type="checkbox"/> <del>\$ 15,000.00</del> <del>"MVP" Golfer Gift Sponsor</del>	<input checked="" type="checkbox"/> <del>\$ 12,500.00</del> <del>"Winning Drive" Beverage Cart Sponsor</del>
<input type="checkbox"/> <b>\$ 8,500.00</b> "Celebrity Touchdown" Hole Sponsor	<input type="checkbox"/> <b>\$ 5,500.00</b> "Celebrity 1 <sup>st</sup> Down" Golf 5 Some

All donations are tax deductible to the extent of the IRS Tax Code. A receipt will be sent after the payment has been processed.

### PAYMENT OPTIONS

**Questions?** Email us at [info@mikealstottfamilyfoundation.org](mailto:info@mikealstottfamilyfoundation.org) or call us at 727.369.8525

1. **PAY ONLINE:** Visit [www.mikealstottfamilyfoundation.org](http://www.mikealstottfamilyfoundation.org).
2. **PAY BY CREDIT CARD VIA MAIL:** Complete this form and provide your credit card information below so we may process your credit card in our offices.
3. **CHECK PAYMENT:** Complete this form and mail with a check made payable to: Mike Alstott Family Foundation.

**PLEASE RETURN THIS ORDER FORM WITH ALL MAIL IN PAYMENTS**

Send to: Mike Alstott Family Foundation, P.O. Box 40055, St. Petersburg, FL 33743

<input type="checkbox"/> Check Enclosed	Check Number:		
<input type="checkbox"/> Discover	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
Credit Card Number:		Exp. Date:	
Name as it appears on the card if different from above:			
Billing Address, City, State & Zip if different from above:			
I authorize the Mike Alstott Family Foundation to charge my credit card for the dollar amount selected above.			
Signature			Date