

For Auction Donations

Description of auction donation:

You will be contacted by the Development Department for further instructions.

Questions?

Please contact:

Brian Thorne, Development Department
Gateways Hospital and Mental Health Centers
1891 Effie Street
Los Angeles, CA 90026-1793
(323) 644-2000 ext. 371
E-mail: bthorne@gatewayshospital.org

Gateways Hospital is a 501(c) (3) not-for-profit organization. Tax ID# 95-1691011. For tax purposes, the deductible portion for this event is your full contribution minus \$253 for each golfer.



GATEWAYS HOSPITAL AND MENTAL HEALTH CENTERS

Gateways Hospital and Mental Health Center, a non-profit organization located in Echo Park, has been serving the Greater Los Angeles area since 1953. Our qualified healthcare professionals treat all mental health conditions and provide services for children, adolescents, transitional aged youth and adults. We pride ourselves on offering quality mental health treatment to all individuals.

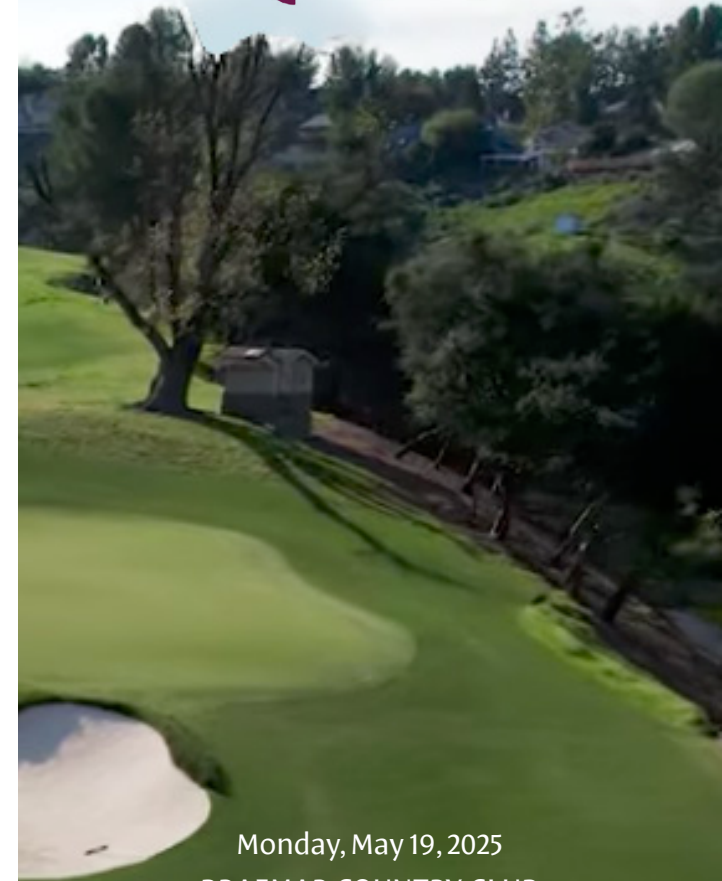


GATEWAYS HOSPITAL
& MENTAL HEALTH CENTERS

1891 Effie Street • Los Angeles, CA 90026-1793

GATEWAYS HOSPITAL FOURTH ANNUAL GOLF CLASSIC

PRESENTED BY



Monday, May 19, 2025
BRAEMAR COUNTRY CLUB



GATEWAYS HOSPITAL
& MENTAL HEALTH CENTERS

GATEWAYS HOSPITAL
FOURTH ANNUAL GOLF CLASSIC
Presented by Logically

Sponsorship Opportunities

PRESENTING SPONSOR — \$25,000

- Company name and logo included on all printed material
- Corporate logo on tournament banner and golf awards/trophies
- Signage on tee and green on the 1st hole
- Three (3) foursomes
- Eight (8) additional dinner guests
- Representative invited to join planning committee

EAGLE SPONSORS (2 opportunities)

Golf Cart Sponsor — \$15,000

- Corporate logo on tournament banner
- Signage on tee and green
- Special signage on golf carts as Cart Sponsor
- Two (2) foursomes
- Four (4) additional dinner guests
- Representative invited to join planning committee

Reception Sponsor — \$15,000

- Corporate logo on tournament banner
- Signage on tee and green
- Special signage as Reception Sponsor
- Two (2) foursomes
- Four (4) additional dinner guests
- Representative invited to join planning committee

BIRDIE SPONSORS (3 opportunities)

Breakfast Sponsor — \$10,000

- Corporate logo on tournament banner
- Signage on tee and green
- Special signage as Breakfast Sponsor
- Two (2) foursomes
- Four (4) additional dinner guests

Lunch Sponsor — \$10,000

- Corporate logo on tournament banner
- Signage on tee and green
- Special signage as Lunch Sponsor
- Two (2) foursomes
- Four (4) additional dinner guests

Dinner Sponsor — \$10,000

- Corporate logo on tournament banner
- Signage on tee and green
- Special signage as Dinner Sponsor
- Two (2) foursomes
- Four (4) additional dinner guests

PAR SPONSOR — \$5,000

- Company name at one Comfort Station, (on-course snack and beverage location)
- Signage on tee and green
- One (1) foursome
- Two (2) additional dinner guests

EXECUTIVE SPONSOR — \$2,600

- Signage on tee and green
- One (1) foursome
- Two (2) additional dinner guests

CORPORATE SPONSOR — \$1,800

- Signage on tee and green
- One (1) foursome

INDIVIDUAL GOLFER — \$550

- Per Individual

CONTESTS — \$750

- Hole-In-One
- Straightest Drive
- Putting

**All commitments are due
no later than April 30, 2025**

2025 GOLF TOURNAMENT COMMITMENT FORM

I would like to participate as a sponsor in the Gateways Hospital Fourth Annual Golf Classic.
(Please indicate sponsorship level below)

<input type="checkbox"/> PRESENTING SPONSOR	\$25,000
EAGLE SPONSOR	
<input type="checkbox"/> Golf Cart Sponsor	\$15,000
<input type="checkbox"/> Reception Sponsor	\$15,000
BIRDIE SPONSOR	
<input type="checkbox"/> Breakfast Sponsor	\$10,000
<input type="checkbox"/> Lunch Sponsor	\$10,000
<input type="checkbox"/> Dinner Sponsor	\$10,000
<input type="checkbox"/> PAR SPONSOR	\$5,000
<input type="checkbox"/> EXECUTIVE SPONSOR	\$2,600
<input type="checkbox"/> CORPORATE SPONSOR	\$1,800
<input type="checkbox"/> INDIVIDUAL GOLFER	\$550
<input type="checkbox"/> CONTEST SPONSOR	\$750

Name _____

Title/Business _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Payment Method

Please charge \$ _____ to my

Visa MC Amex Discover

Credit Card # _____

Security Code _____ Exp. Date _____

Billing Name _____

Signature _____

Billing Address *(if different than above)*

City/State/Zip _____

Please make checks payable to:

Gateways Hospital and Mental Health Centers

Mail to: Development Department

1891 Effie Street

Los Angeles, CA 90026-1793

Form continues on next page →