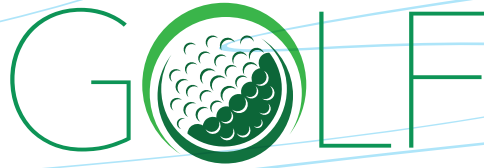


GATEWAYS HOSPITAL THIRD ANNUAL



CLASSIC

MONDAY, MAY 20, 2024 • OAKMONT COUNTRY CLUB

SPONSOR COMMITMENT FORM

I would like to participate as a sponsor in the Gateways Hospital Third Annual Golf Classic.

(Please indicate sponsorship level below)

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

**All commitments are due
no later than April 29, 2024**

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 Center

Mail to: Development Department, 1891 Effie Street, Los Angeles, CA 90026-1793

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

(323) 644-2000 ext. 371

E-mail: bthorne@gatewayshospital.org



GATEWAYS HOSPITAL
AND MENTAL HEALTH CENTER