

GATEWAYS HOSPITAL

2ND ANNUAL GOLF CLASSIC



2023 GATEWAYS HOSPITAL GOLF TOURNAMENT SPONSOR COMMITMENT FORM

**Monday, May 22, 2023
OAKMONT COUNTRY CLUB**

I would like to participate as a sponsor in the Gateways Hospital 2nd Annual Golf Tournament
(Please indicate sponsorship level below)

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

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

**All commitments
are due no later than
April 24, 2023**

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