



Thank you for your interest in supporting the annual Lehigh Valley Health Network Golf Classic, benefiting Lehigh Valley Orthopedic Institute. Event proceeds will strengthen the Orthopedic Institute’s ability to push the boundaries of orthopedic innovation by expanding research, direct care, education, and physician recruitment.

We hope you will partner with us as we continue to have a meaningful impact on the health and wellness of our community.

**MONDAY, JUNE 3, 2024 | 10:30 A.M.**

*Saucon Valley Country Club, Bethlehem, PA*

**SPONSORSHIP OPPORTUNITIES**

★ **Title Sponsor** .....\$50,000

- Event naming rights
- Media coverage noting your company’s support
- Prominent logo recognition on all event material and promotion
- Choice of golf course
- Three foursomes (12 golfers)

★ **Ace Sponsor** .....\$30,000

- Media coverage noting your company’s support
- Logo recognition on all event material and promotion
- Choice of golf course
- Two foursomes (8 golfers)

★ **Eagle Sponsor** ..... \$25,000

- Media coverage noting your company’s support
- Logo on event signage
- Two foursomes (8 golfers)

★ **Birdie Sponsor**.....\$15,000

- Six tee signs on all three courses
- Two foursomes (8 golfers)

★ **Par Sponsor**..... \$10,000

- Five tee signs on all three courses
- One foursome (4 golfers)

## SPONSORSHIP OPPORTUNITIES

★ **Bogey Sponsor**.....\$7,500

- Four tee signs on all three courses
- One foursome (4 golfers)

★ **Tee Sponsor with golfer**.....\$1,500

- One tee sign on all three courses
- 1 golfer

★ **Green Sponsor** .....\$5,000

- Three tee signs on all three courses
- 2 golfers

★ **Tee Sponsor**.....\$1,000

- One tee sign on all three courses

★ **Hole Sponsor**.....\$3,000

- Two tee signs on all three courses
- 2 golfers

### SPONSORSHIP

☆ Title Sponsor .....	\$50,000
☆ Ace Sponsor.....	\$30,000
☆ Eagle Sponsor .....	\$25,000
☆ Birdie Sponsor .....	\$15,000
☆ Par Sponsor .....	\$10,000
☆ Bogey Sponsor .....	\$7,500
☆ Green Sponsor.....	\$5,000
☆ Hole Sponsor .....	\$3,000
☆ Tee Sponsor w/ golfer .....	\$1,500
☆ Tee Sponsor.....	\$1,000
☆ Individual golfer/foursome .....	\$750/\$3,000

Please make your check payable to Lehigh Valley Health Network and mail to The Office of Philanthropy, P.O. Box 1883, Allentown, PA 18105-1883 or use charge card option below.

Name/Company \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my:

★ VISA ★ MasterCard ★ Discover ★ American Express

Authorizing Representative/Title \_\_\_\_\_

Credit card # \_\_\_\_\_

Signature \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

Phone \_\_\_\_\_

Name on card \_\_\_\_\_

Email \_\_\_\_\_

Phone # of cardholder \_\_\_\_\_

Signature \_\_\_\_\_

For more information, contact [giving@lvhn.org](mailto:giving@lvhn.org)

Lehigh Valley Hospital is a not-for-profit tax exempt organization under section 501(c) (3) of the Internal Revenue code. The amount of your donation over the value of benefits received will be tax-deductible to the fullest extent allowed by law. Tax ID #23-1689692

