

FUNDRAISER FOR  
  
**THE LONGEST DAY**  
 alzheimer's association



6th Annual  
**WMDACAR**  
**GOLF**  
 OUTING

**SPONSORSHIP OPPORTUNITIES**

**TUES., JUNE 11, 2024**

*Renditions Golf Course • Davidsonville, MD*

**LEGENDS OF GOLF SPONSORSHIP PACKAGES** (Please check desired sponsorship package)

<input type="checkbox"/> <b>THE TIGER WOODS - \$2,500</b>	<input type="checkbox"/> <b>THE JACK NICKLAUS - \$1,800</b>	<input type="checkbox"/> <b>THE ARNOLD PALMER - \$1,500</b>
<ul style="list-style-type: none"> <li>• One Free Foursome Team</li> <li>• Signs at Registration &amp; Awards Lunch</li> <li>• 18th Hole Sponsorship</li> </ul>	<ul style="list-style-type: none"> <li>• Two Free Players</li> <li>• Signs at Awards Lunch</li> <li>• 9th Hole Sponsorship</li> </ul>	<ul style="list-style-type: none"> <li>• One Free Player</li> <li>• Signs at Awards Lunch</li> </ul>

**ADDITIONAL SPONSORSHIP OPTIONS** (Please check desired sponsorship)

<input type="checkbox"/> Lunch Sponsor - \$1,000 x 2	<input type="checkbox"/> Cigar Sponsor - \$500 x 2	<input type="checkbox"/> Closest to Pin Sponsor - \$300
<input type="checkbox"/> Breakfast Sponsor - \$500 x 2	<input type="checkbox"/> Best Score Team Award Sponsor - \$600	<input type="checkbox"/> Longest Drive Sponsor - \$300
<input type="checkbox"/> Goodie Bag Sponsor - \$1,500	<input type="checkbox"/> Event Supporter - \$300	<input type="checkbox"/> Hole Sponsorship - \$150
<input type="checkbox"/> Beverage Cart Sponsor - \$500 x 4	<input type="checkbox"/> Hole Sponsor with table - \$300 (Limited)	<input type="checkbox"/> Door Prize Donation _____

**I don't play golf but would like to contribute \$69** (Your contribution includes lunch for one person)

**CONTACT INFORMATION**

Contact Person: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PAYMENT INFORMATION** SPONSORSHIP TOTAL: \$ \_\_\_\_\_

- Check enclosed (payable to WMDA), WMDA, 1532 Pointer Ridge Place, Suite F Bowie, MD 20716
- Bill my credit card:  Visa  MasterCard  American Express  Discover

Account # \_\_\_\_\_ Exp.Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
 Account Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ or  Checking this box is my electronic signature

Please return with payment by May 24, 2024 • wmdacar2024@gmail.com • 301.390.0900 • www.wmdacar.com