

*Celebrating 20 Years of Service*

**GOLF CLINIC - EVENT SPONSOR LEVELS**

- |  |                          |                |
|--|--------------------------|----------------|
| <input type="checkbox"/> <b>HOLE IN ONE</b>  | <b>LUNCHEON SPONSOR</b>  | <b>\$3,500</b> |
| <ul style="list-style-type: none"> <li>• Tabletop signage on each luncheon table</li> <li>• Half page ad in program book</li> <li>• Company logo placed on Chamber golf clinic webpage as Luncheon sponsor</li> <li>• Acknowledged in program book as Luncheon sponsor</li> <li>• Recognized in Chamber Newsletter for June</li> </ul>               |                          |                |
| <input type="checkbox"/> <b>EAGLE</b>  | <b>BREAKFAST SPONSOR</b> | <b>\$2,500</b> |
| <ul style="list-style-type: none"> <li>• 'Tee signage' on driving range and putting green</li> <li>• Quarter page ad in program book</li> <li>• Company logo placed on Chamber golf clinic webpage as Breakfast sponsor</li> <li>• Acknowledged in program book as Breakfast sponsor</li> <li>• Recognized in Chamber Newsletter for June</li> </ul> |                          |                |
| <input type="checkbox"/> <b>BIRDIE</b>   | <b>GIFT SPONSOR</b>      | <b>\$1,000</b> |
| <ul style="list-style-type: none"> <li>• 1/8<sup>th</sup> page ad in program book</li> <li>• Acknowledged in program book as Gift sponsor</li> <li>• Recognized in Chamber Newsletter for June</li> </ul>  |                          |                |
| <input type="checkbox"/> <b>PAR</b>  |                          | <b>\$500</b>   |
| <ul style="list-style-type: none"> <li>• Co-signage at breakfast</li> <li>• Recognized in Chamber Newsletter for June</li> </ul>   |                          |                |
| <input type="checkbox"/> <b>PATRON</b>   |                          | <b>\$ 250</b>  |
| <ul style="list-style-type: none"> <li>• Name and/or Company listed in program book</li> </ul>   |                          |                |

*\*Gift Bag Donors will have signage on the registration table\**

COMPANY NAME: \_\_\_\_\_

*(Print as you want name to appear for publicity purposes)*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

PAYMENT AMOUNT: \$ \_\_\_\_\_ ☐ CHECK ENCLOSED (Payable to: African American Chamber of Commerce)

CREDIT CARD ☐ AMEX ☐ MASTERCARD ☐ VISA CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CSC or CVV#: \_\_\_\_\_

PLEASE MAIL COMPLETED FORMS TO: 436 SEVENTH AVENUE, SUITE 2220, PITTSBURGH, PA 15219 OR FAX: 412-392-0612  
QUESTIONS? Call: 412-392-0610

**THANK YOU FOR YOUR SUPPORT**