

Golfer information

1 { Team Captain _____
 Address _____
 Telephone No. _____
 Email: _____
 T-Shirt size: S M L XL XXL

2 { Player 2 Name _____
 Player Address _____

 Player 2 e-mail _____
 T-Shirt size: S M L XL XXL

3 { Player 3 Name _____
 Player Address _____

 Player 3 e-mail _____
 T-Shirt size: S M L XL XXL

4 { Player 4 Name _____
 Player Address _____

 Player 4 e-mail _____
 T-Shirt size: S M L XL XXL

Questions?

Please direct your questions to:
 Andrea Melberg Thompson, 763-236-3963 or
 andrea.melbergthompson@allina.com

Tax-Deductible Contribution

As Mercy & Unity Hospitals Foundation is a 501(c)(3) organization, a percentage of your contribution is tax-deductible. For specific information regarding the charitable gift amounts, please contact the Foundation.

Mercy & Unity Hospitals Foundation
 Lyric Building (MR 53213)
 7590 Lyric Lane NE
 Fridley, MN 55432-3251
 Fax: 763-236-3960



Schedule of Events

8:00 a.m.	Registration
9:00 a.m.	Shotgun Start
2:00 p.m.	Lunch

Hole Sponsors

Sponsor a \$150 promotional hole sign and have a presence at the hole to greet golfers (optional). Your sponsorship includes one ticket to the awards lunch.

\$125 per person or \$500 per team:

- 18 holes of golf
- Golf Cart
- Gift Bags
- Lunch
- Team Glamour Shot
- Par and Pamper T-Shirt

Lunch Guest:

- 2:00 p.m. lunch (included in registration fee)
- Addition lunch guests are welcome for a fee of \$25 per guest



The Links at Northfork

9333 Alpine Drive NW
 Ramsey, MN 55303
 Phone: 763-241-0506
 Fax: 763-241-1236
 www.golfthelinks.com

PAR and Pamper

Women's DAY ON THE LINKS

Mercy & Unity Hospitals Foundation

September 12

9:00 a.m.

The Links at Northfork

MERCY & UNITY HOSPITALS
 Allina Hospitals & Clinics

Mercy & Unity Hospitals Foundation

Join us

For a day filled with girlfriends, golf, goodies, and games, including hole-in-one, longest putt, boutique betting hole and more. Finish the afternoon with lunch and a silent auction!

Helping Others While You Play

Proceeds from Par and Pamper will support the Mercy and Unity Patient Emergency Fund. The fund assists Mercy and Unity hospital patients who are struggling financially because of chronic, and in some instances severe but acute, medical conditions.

Your support will provide assistance to patients for unexpected and urgent needs they are otherwise unable to afford. Examples may include prescriptions, transportation (bus, taxi and medical van), safety equipment (infant car seat), household items, and emergency nutritional needs. This fund is managed through the Mercy and Unity Social Services Departments.



MERCY & UNITY
HOSPITALS
Allina Hospitals & Clinics

Mercy & Unity Hospitals
Foundation



Sponsorship Opportunities

Eagle Sponsor - \$7,500

- Name on signage in clubhouse
- Name on greens flag
- Hole sponsor sign
- Two golf foursomes
- Eight additional (guest) lunch
- Recognition in the program
- Recognition from the podium at the event

Birdie Sponsor - \$5,000

- Name on signage in clubhouse
- Name on greens flag
- Hole sponsor sign
- One golf foursome
- Four additional (guest) lunch
- Recognition in the program
- Recognition from the podium at the event

Par Sponsor - \$2,500

- Hole sponsor sign
- One golf foursome
- Two additional (guest) lunch
- Recognition in the program
- Recognition from the podium at the event

Bogie Sponsor - \$1,000

- Hole sponsor sign
- One golf foursome
- Recognition in the program
- Recognition from the podium at the event

Team Sponsor - \$500

- One foursome at the event

Hole Sponsor - \$150

- Hole sponsor sign



Women's
DAY ON THE LINKS

Please fill out this card and return it to the Foundation using the enclosed envelope before August 26.

- Eagle Sponsor** **Team Sponsor**
 Birdie Sponsor **Individual Player**
 Par Sponsor **Donation \$ _____**
 Bogie Sponsor
 Golfer's Package (\$25 ea.) Qty. _____
 Package includes one mulligan and one player's entry to various contests and raffle
 Lunch Only (\$25 ea.) Qty. _____
 Hole Sponsor (Sign should read) _____
 I wish to donate a prize or gift certificate for registration bags or silent auction.
 (Call 763-236-3963 to arrange pick up.)

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Payment information

Total \$ _____

- Bill me
 Check enclosed
 (make check payable to Mercy & Unity Hospitals Foundation)
 Credit card Visa American Express
 MasterCard Discover

Credit Card # _____

Exp. date _____

Signature _____

Date _____