

**29th Annual Youth Mentoring Services of Niagara County Charity Golf Tournament
Lockport Town & Country Club, Monday, June 14th, 2021**

Corporate Diamond Sponsor*#

Deadline 6/1

\$7,500 Tender (up to 12 golfers included) *initial* _____
\$9,000 Product/Merchandise (up to 12 golfers included) *initial* _____

Corporate Platinum Sponsor*#

Deadline 6/1

\$5,000 Tender (up to 8 golfers included) *initial* _____
\$6,500 Product/Merchandise (up to 8 golfers included) *initial* _____

Corporate Gold Sponsor*#

Deadline 6/1

\$3,000 Tender (up to 4 golfers included) *initial* _____
\$4,000 Product/Merchandise (up to 4 golfers included) *initial* _____

Corporate Silver Sponsor*#

Deadline 6/1

\$1,500 Tender (up to 4 golfers included) *initial* _____
\$2,500 Product/Merchandise (up to 4 golfers included) *initial* _____

Associate Sponsor

Deadline 6/1

\$500 Tender _____ \$750 Product/Merchandise _____

150 Yard Marker Sponsor

Deadline 6/1

\$250 Tender _____

Hole Sponsor

Deadline 6/1

\$125 Tender _____

Welcome Gift

Deadline 6/1

144 small items _____
(ex: pens, snacks, promos) to be included in Golfer Welcome Bag
Item to be delivered _____
Need for pick up at address: _____

Item/Product Donation

Deadline 6/1

Value \$30-\$500 for the Auction _____ Value \$15-\$50 for a Door Prize _____
Item to be delivered _____
Need for pick up at address: _____

Golf Registration

Deadline 6/1

\$900 Foursome Registration _____
\$225 Golfer Registration _____

Dinner Package

Deadline 6/1

\$60 Tender _____

*# Please include black and white logo/artwork and contact names if available.
* Corporate Confirmation by June 1st is necessary to meet publication deadline.*

Sponsors accepted anytime up to Tournament. Due to print deadlines may not be included in various promotional listings.

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Business Name:
Billing Address:

Check Enclosed MasterCard Visa American Express

*Make payable to: Youth Mentoring Services * 86 Park Avenue, Lockport, NY 14094*

Amount: \$ _____ Card #: _____ CVV from back _____ Exp. Date: ____/____/____

Signature: _____ Print Name: _____

**Call (716) 434-1855 to make payment by phone. Please have information from above available prior to call.
Visit www.youthmentoringservicesniagara.org for more information**