



SPONSORSHIP COMMITMENT FORM

If you prefer to select and pay for your sponsorship online, please let us know and we will provide you with the link.

Please select
sponsorship level
you would like
to purchase

- Eagle Sponsor with Foursome | \$7,000
- Eagle Sponsor without Foursome | \$3,500
- Hospitality Tent Sponsor with Foursome | \$6,000
- Hospitality Tent Sponsor without Foursome | \$2,500
- Beverage Cart Sponsor with Foursome | \$5,000
- Beverage Cart Sponsor without Foursome | \$1,500
- Hole Sponsor | \$500

Name _____ Company _____

Address _____ City/State _____

Billing Zip _____ Phone _____ Email _____

Payment Options: Check Enclosed Credit Card Please Invoice Me Date _____

Card# _____ Exp Date _____ 3-digit CVC Code _____

Name on Card _____ Signature _____

Please complete and return this form by Mail or Email to:

RMHCCIN, 435 Limestone Street, Indianapolis, IN 46202 or Max Catterson at mcatterson@rmhccin.org