



# Sponsorship Opportunities

**Monday, October 2, 2023**  
Westhampton Country Club  
Westhampton Beach, NY

Please check your selection:

- Gold Sponsorship**..... **\$20,000**  
Special recognition signage on all promotional items and at Awards Reception. 8 tournament playing spots including greens fees, breakfast, golf carts, gift bags and Reception Luncheon. Signage on 1 tee box and 1 green.
- Golf Cart Sponsorship**..... **\$15,000**  
Special recognition signage on 18 golf carts and at Awards Reception. 8 tournament playing spots including greens fees, breakfast, golf carts, gift bags and Reception Luncheon.
- Lunch Sponsor**..... **\$5,000**  
Special recognition at event. 4 tournament playing spots including greens fees, breakfast, golf carts, gift bags and Reception Luncheon.
- Half Way House Sponsor**..... **\$5,000**  
Special recognition signage at Half Way House. 4 tournament playing spots including greens fee, breakfast, golf carts, gift bags and Reception Luncheon.
- Breakfast Sponsor**..... **\$5,000**  
Special recognition signage at breakfast. 4 tournament playing spots including greens fee, breakfast, golf carts, gift bags and Reception Luncheon.
- Foursome**..... **\$3,000**  
One foursome including greens fees, breakfast, golf carts, gift bags and Reception Luncheon.
- Individual Player**..... **\$750**
- Tee/Green Sponsorship Opportunities**
  - Signage on 1 tee/green .....\$200
  - Signage on 3 tees/greens.....\$500

## Peconic Bay Medical Center's 2023 Golf Classic at Westhampton Country Club | October 2, 2023

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

- Please reserve my sponsorship/foursome for \$ \_\_\_\_\_.
- Please reserve my Tee/Green Sponsorship for \$ \_\_\_\_\_. (Email high resolution logo to [cporter3@northwell.edu](mailto:cporter3@northwell.edu))
- Enclosed is my check for \$ \_\_\_\_\_. Kindly make checks payable to: Peconic Bay Medical Center.
- Please charge my:  MC  Visa  AmEx Cardholder Number \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Sec. Code \_\_\_\_\_

Should you have any questions, please call PBMC Health's Foundation Office at 631-548-6080. Please mail this form to PBMC Foundation, 1 Heroes Way., Riverhead, NY 11901 or via email [cporter3@northwell.edu](mailto:cporter3@northwell.edu) or fax it to 631-548-6048.