The Foundation of Collier County Medical Society presents

Docs & Duffers 2024

11th Annual Charity Golf Tournament & Raffle

benefiting scholarships for future medical professionals and funding to local healthcare programs in need

Saturday, Oct. 5, 12:00pm Bonita Bay Club, Bonita Springs, FL

SUPPORT OPPORTUNITIES

Sponsorships

Presenting Sponsor: \$4,200 (limit 1)

- 1 foursome (includes 4 after-party tickets)
- 4 additional tickets to the after-party
- Exhibit table at registration
- Dedicated signage at registration and on golf carts
- Logo in top position on digital & printed materials
- 2-3 minute speaking opportunity at registration
- One ½ page editorial in CCMS member magazine and a spotlight in e-newsletter
- Name in press releases and media promotions
- Opportunity to place a giveaway item in goodie bags
- Opportunity to reserve Presenting Sponsorship for 2025

Ace Sponsor: \$2,600 (limit 2)

- 1 foursome (includes 4 after-party tickets)
- 2 additional after-party tickets
- Exhibit table at water station
- Signage at water station
- 1-2 minute speaking opportunity at registration
- Logo in premier position on digital & printed materials
- Spotlight in CCMS member magazine and e-newsletter
- Name in press releases and media promotions
- Opportunity to place a giveaway item in goodie bags

Eagle Sponsor: \$1,800

- 1 foursome (includes 4 after-party tickets)
- 1 additional after-party ticket
- Hole sign
- Verbal acknowledgment at event
- Logo on digital & printed materials
- Logo in CCMS member magazine article
- Exhibit table at tee or opportunity to place a giveaway item in goodie bags (your choice)

Birdie Sponsor: \$1,300

- 1 foursome (includes 4 after-party tickets)
- Hole sign
- Logo/name (as space allows) on digital & printed materials
- Name in CCMS member magazine article
- Exhibit table at tee or opportunity to place a giveaway item in goodie bags (your choice)

Hole Sponsor: \$550

- 1 ticket to awards after-party
- Hole sign
- Name on marketing materials as space allows
- Exhibit table at tee or opportunity to place a giveaway item in goodie bags (your choice)

Underwriting

Contact CCMS for benefits & availability: april@ccmsonline.org or 239-435-7727

After-Party: \$2,000 (limit 3) or \$6,000 (limit 1)

Box Lunch: \$1,250 (limit 2) or \$2,500 (limit 1)

Beverage Carts: \$1,000 (limit 1)

Golfer Goodie Bag Items: \$100

Provide your own giveaway to go in each goodie bag (120 items, subject to approval)

Donate an Award, Raffle Prize, or Auction Item

Or - Design a custom package with us!
Contact april@ccmsonline.org or 239-435-7727

Golfer Fees

\$195/golfer or \$760/foursome

includes cart & greens fees, goodie bag, box lunch, on-course beverages, and awards after-party

Mulligans Available for Purchase Hole Contest Foursome & Individual Awards

Additional After-Party Tickets: \$75 each



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Sponsorships are first-come, first-served. Complete the form below and return to the Foundation of CCMS: fax: (239) 435-7790 • email: info@ccmsonline.org • mail: 88 12th St N, Unit 200, Naples FL 34102

Individual golfers and foursomes deadline is September 26, 2024 or until sold out – you can also register & pay at ccmsfoundation.org or call CCMS at 239-435-7727 for more information

Company:	Phone:
Contact:	Address:
Email:	City/State/Zip:
Please select your support level:	Golfer Names (if applicable)
Presenting Sponsor \$4,200	Player 1:
Ace Sponsor \$2,600	Player 2:
Eagle Sponsor \$1,800	Player 3:
Birdie Sponsor \$1,300	Player 4:
Hole Sponsor \$550	Player 5:
After-Party (circle one) \$2,000 shared or \$6,000 solo	Player 6:
Box Lunch (circle one) \$1,250 shared or \$2,500 solo	Player 7:
Beverage Carts \$1,000	Player 8:
Foursome Only \$760 Qty:	Additional After-Party Attendees (if applicable):
Golfer Only \$195 Qty:	
After-Party Tickets \$75 Qty:	
Make checks payable to the Foun	'INFORMATION dation of Collier County Medical Society. ble within IRS guidelines - consult with your tax advisor.
	VisaMasterCardAmerican Express rd info; you can also pay online at ccmsfoundation.org
· ·	Expiration Date:
Name on Card:	
Billing Address:	
Signature of Cardholder:	