

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)

**Pre-Tee Off Snacks: \$1,000 (limit 2)
or \$2,000 (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 & snacks,
on-course beverages, and awards after-party

**Mulligans Available for Purchase
Hole Contest Foursome & Individual Awards**

Additional After-Party Tickets: \$75 each



ccmsfoundation.org

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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:

___ Presenting Sponsor \$4200

___ Ace Sponsor \$2600

___ Eagle Sponsor \$1800

___ Birdie Sponsor \$1300

___ Hole Sponsor \$550

___ After-Party (circle one) \$2000 shared or \$6000 solo

___ Pre-Tee Off Snacks (circle one) \$1000 shared or \$2000 solo

___ Beverage Carts \$1,000

___ Foursome Only \$760 Qty: ___

___ Golfer Only \$195 Qty: ___

___ After-Party Tickets \$75 Qty: ___

Golfer Names (if applicable)

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Player 5: _____

Player 6: _____

Player 7: _____

Player 8: _____

Additional After-Party Attendees (if applicable):

PAYMENT INFORMATION

Make checks payable to the Foundation of Collier County Medical Society.

A portion of your donation may be tax deductible within IRS guidelines - consult with your tax advisor.

Total \$ _____ Check enclosed ___ Visa ___ MasterCard ___ American Express

**Please do not email unencrypted credit card info; you can also pay online at ccmsfoundation.org*

Card #: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

Signature of Cardholder: _____

The Foundation of Collier County Medical Society, Inc. is a 501(c) (3) organization, State of Florida Registration No. CH38165. Tax ID No. 46-1391700.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES
BY CALLING TOLL-FREE 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.