

THE BYZANTINE CATHOLIC EPARCHY OF PARMA



First Annual Bishop's Golf Classic

Title Sponsor



August 23, 2021 8:00 AM

Medina Country Club

5588 Wedgewood Road, Medina, OH 44256

8:00 AM – Registration, Driving Range Open, Express Breakfast

9:30 AM – Shotgun Start for Golf

2:30 PM – BBQ Luncheon, Presentations, and Prizes

Golf package includes:

Express Breakfast, BBQ Luncheon, Mulligan, Prizes for Top 3 Teams, and Skill Prizes (Long Drive, Long Putt, Pin Shots)

Deadline for program acknowledgment: July 23, 2021

— *Title Sponsor* (\$7,500 one available) includes:

- 2 complimentary golf foursomes, inclusion on pre-event materials, signage on golf carts, introduction and opportunity to speak at awards presentation, full page ad in program, listing on promotional materials and website, recognition and full page ad in Horizons **Tax deduction of \$6,900**

— *Platinum* (\$5,000) includes:

- 2 complimentary golf foursomes, full page ad in program, recognition at event, listing on promotional materials and website, recognition and 1/2 page ad in Horizons **Tax deduction of \$4,400**

— *Gold* (\$2,500) includes:

- 1 complimentary golf foursome, 1/2 page ad in program, recognition at event, listing on promotional materials and website, recognition and 1/4 page ad in Horizons **Tax deduction of \$2,200**

— *Emerald* (\$1,000) includes:

- 1 complimentary golf foursome, 1/4 page ad in program, recognition at event, recognition on website and Horizons **Tax deduction of \$700**

— *Foursome* (\$500) **Tax deduction of \$200**

— *Golfer* (\$125 per golfer) **Tax deduction of \$50**

— *Non-Golfer Luncheon* (\$30 per person) **Tax deduction of \$10**

— *I/We* are unable to attend, but please accept this gift of \$ _____

Program Advertisements

— \$500 Full Page – 4.5" wide x 7.5" tall

— \$300 Half Page – 4.5" wide x 3.75" tall

— \$150 Quarter Page – 2.25" wide x 3.75" tall

Gift: Enclosed _____ (payable to the Byzantine Catholic Eparchy of Parma) or Pay online: <https://parma.org/bishops-golf-classic>

Payment by Credit Card: (circle one) MasterCard VISA American Express Discover

Name on Card: _____ Card Number: _____

Expiration Date: _____ CVV # (back of card) _____ Amount: _____

Donor: Name to be listed in program: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Guests' Names: _____

Thank you for your support of our event! Donor will receive a written acknowledgment of this gift. Federal Tax ID 34-1180594

Please return this form to: Judith Matsko – Eparchy of Parma • 5000 Rockside Road, Ste. 310 • Independence, OH 44131

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