



7th Annual Golf Outing

Sponsor Options/Golfer Sign up

Friday, June 22, 2018 at 8:00 a.m., Lake Cora Golf Club, Paw Paw

(Check-in to include continental breakfast with 9:00 shot-gun start. Luncheon to follow in the tent.)

<u>\$1,000 Hole-in-One Sponsor</u>	<u>\$500 Eagle Sponsor</u>	<u>\$250 Birdie Sponsor</u>	<u>\$100 Par Sponsor</u>
Receives a permanently engraved "Brick by Brick" Sponsor Thank You on a walkway at Wings of God.	Receives a permanently engraved "Brick by Brick" Sponsor Thank you on a walkway at Wings of God.		
Tee/Green Sign 2' x 3'	Tee/Green Sign 2' x 3'	Tee/Green Sign 18" x 24"	Tee/Green Sign 6" x 24"
Name & Logo in Program	Name & Logo in Program	Name & Logo In Program	Company Name in Program
Facebook Announcement	Facebook Announcement	Facebook Announcement	Facebook Announcement
Display table at a hole with representative			

(High Resolution Logo Artwork needed for Birdie, Eagle and Hole-In-One sponsors)

Circle Sponsor Level: **Hole In One** **Eagle** **Birdie** **Par** Sponsor Total: \$ _____

Sponsor/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone : _____ Cell Phone: _____ Email: _____

Number of Golfers (Circle): Foursome **Individual** \$85/Golfer Golfer Total: \$ _____

I will be unable to attend the Golf outing, but would like to help bring about change in ***EVERY WOMAN that God places in Wings of God's care!***

Donation Total: \$ _____

Wings of God accepts cash, checks (payable to Wings of God) or credit. **Total Enclosed:** \$ _____

Credit Card type (check one): VISA _____ MasterCard _____

Card Number: _____

Name Listed on Credit Card: _____

Expiration Date: _____

Golfer Information on Reverse

(Wings of God will contact you for your three digit security code to process payment)

Golfer Information (please complete each line)

1. Captain's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

4. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

If you do not have a foursome, we will place you on a team.
Sponsorship Opportunities & Payment Information on Reverse

Please mail this completed form & payment to:
Wings of God, PO Box 3, Paw Paw, MI 49079
Call 269-415-0777

