



BENEFITING THE BON SECOURS
RICHMOND HEALTH CARE FOUNDATION

LEXUS OF RICHMOND

Champions for Charity

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SPONSORSHIP FORM

Complete online at bsvaf.org/golf2019

Contact Name _____

Company Name _____

On-site Representative _____

How many will be attending the Awards Ceremony & Reception _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

SPONSORSHIP LEVEL (check one)

- Presenting - \$25,000
- Eagle - \$15,000
- Reception & Awards Ceremony - \$10,000
- Lunch Pavilion - \$6,000
- Birdie - \$5,000
- Golf Cart - \$3,500
- Beverage Car - \$2,500
- Hole - \$2,500
- Team - \$2,000
- Team: Morning Only - \$1,000

Please send invoice to _____

Address _____

City, State, Zip _____

Unable to attend, please accept my donation of \$ _____ to help Bon Secours Richmond East End initiatives.

Check enclosed for \$ _____ payable to Bon Secours Richmond Health Care Foundation.

bsvaf.org/golf2019



Please return this form to
Bon Secours Richmond
Health Care Foundation
Attention: Peggy Wilson
5008 Monument Avenue
2nd Floor
Richmond, VA 23230
Peggy_Wilson@bshsi.org



To pay with a credit card, visit
bsvaf.org/golf2019

QUESTIONS?

Call Peggy Wilson
804-287-7309