



Please email this form to memills@riseschool.org, fax it to 713-383-7007 or return it in the enclosed envelope to 5618 H. Mark Crosswell Jr. Street Houston, TX 77021. Also email your company logo if applicable.

All golfers will receive greens fees, cart, range balls and a gift bag. They are also invited to enjoy a light breakfast before the tournament, as well lunch and cocktails following play.

Yes, I/we want to be a supporter of The Rise, Shine and Swing Golf Classic benefiting the students of The Rise School of Houston. The sponsorship level I/we have selected is:

- ____ \$25,000 **Hole In One** Four golf foursomes (16 players), premium recognition on golf materials as title sponsor, your name or company logo on tournament banner
- ____ \$10,000 **Eagle** Two golf foursomes (8 players), premium recognition on golf materials, your name or company logo on tournament banner
- ____ \$5,000 **Birdie** One golf foursome (4 players), premium recognition on golf materials, your name or company logo on tournament banner
- ____ \$2,750 **Par** One golf foursome (4 players), recognition on golf materials
- ____ \$750 **Individual** One golfer (includes benefits listed below)
- ____ \$500 **Hole Sponsorship** Tee box sign at one hole

I prefer underwriting a portion of the event. Please count on me for the following:

- ____ \$10,000 **Shirt Sponsor** Company name on golf shirt included in every player's gift bag as well as a foursome in the tournament
- ____ \$5,000 **Lunch Sponsor** Company name on tables at lunch as well as a foursome in the tournament

No, I/we will not be able to participate in the tournament, but I would like to support The Rise School with the following amount:

\$ _____ **Mulligan**

Name/Company: _____
AS YOU WANT IT TO APPEAR ON ALL PRINTED MATERIALS

Contact: _____ Today's Date: _____

Telephone: _____ Fax: _____ E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

PAYMENT INFORMATION

For sponsorship levels, all but \$125.00 per golfer is tax deductible. A Mulligan donation is 100% deductible.

____ Charge my: Visa MasterCard American Express

Card Number _____ Amount to be charged _____

Expiration Date _____ CVV _____ Name on card _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

____ A check for \$ _____ is enclosed (Please make checks payable to The Rise School Support Organization)

____ Please bill me/us for the amount I/we specified above