



Yes, I/we want to participate in the first annual John H. Duncan Invitational Tournament benefiting the students of The Rise School of Houston at the level suggested below:

___ \$10,000	Eagle	Two golf foursomes (8 players), premium recognition on golf brochure, your name or company logo on tournament banner
___ \$5,000	Birdie	One golf foursome (4 players), premium recognition on golf brochure, your name or company logo on tournament banner
___ \$2,750	Par	One golf foursome (4 players), recognition on golf brochure
___ \$750	Individual	One golfer (includes benefits listed below)
___ \$500	Hole Sponsorship	Tee box sign at one hole

I/we prefer underwriting a portion of the event as follows:

___ \$ 15,000	Tournament Underwriter	Company name on tournament banner as well as a foursome in the tournament
___ \$ 7,500	Shirt Underwriter	Company name on every player's gift bag as well as a foursome in the tournament
___ \$ 3,500	Food Underwriter	Company name displayed at event
___ \$ 2,500	Beverage Underwriter	Company name on beverage cart
___ \$ 1,500	Trophy Underwriter	Company name on every trophy
___ \$ 1,000	Cart Underwriter	Company name on every cart

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

\$ _____ **Mulligan**

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. Please email your company logo, if applicable.

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



Name/Company:

TO APPEAR ON ALL PRINTED MATERIALS

Contact: _____ Today's Date: _____

Telephone: _____ E-mail Address: _____

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

PAYMENT INFORMATION

For sponsorship levels, all but \$150.00 per golfer may be tax deductible.

_____ Please 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 of Houston.)*

_____ Please send a pledge for the amount specified above.