

Please join us for
Ronald McDonald House® New York
16th Annual Golf Tournament



Tuesday, June 15, 2021
Hudson National Golf Club
Croton-on-Hudson, NY
Registration: 10:30am ♦ 12:00 pm Lunch
Shotgun: 12:45 pm ♦ Reception/Cocktails: 6:00pm



GOLF PACKAGE INCLUDES: foursome, gratuities, locker service, range/practice areas, lunch, & reception/cocktails.

FOURSOME SPONSORSHIP RESPONSE FORM

GOLF FOURSOME SPONSORSHIP

House Program Spotlight - Ronald House New York Meal Program
Our Meal Program is a wonderful way for corporate and community groups to help kids with cancer and their families to provide three meals a day to our families. In 2020 donors like you, delivered 36,203 meals to our children and their families.

PLATINUM SPONSOR- \$25,000 - Two Golf Foursomes, Platinum Sponsor Program Recognition, Cart Sponsor and Full Page Ad. *Supporting 75 Family Night Stays at RMH-NY.*

GOLD SPONSOR - \$15,000 - One Golf Foursome, Gold Sponsor Program Recognition and Full Page Ad. *Supporting 45 Family Night Stays at RMH-NY. **BONUS – Chairman, Bob Howe will host a Special Celebration with your foursome.***

SILVER SPONSOR - \$12,500 - One Golf Foursome, Silver Sponsor Program Recognition and Full Page Ad. *Supporting 38 Family Night Stays at RMH-NY.*

BRONZE SPONSOR - \$10,000 - One Golf Foursome, Bronze Sponsor Program Recognition. *Supporting 30 Family Night Stays at RMH-NY.*

INDIVIDUAL GOLFER - \$2,500 – *Supporting 8 Family Night Stays at RMH-NY.*

HELP SUPPORT THE HOUSE – I wish to donate a gift in support of Family Night Stays at Ronald McDonald House New York. Your company name will be listed in the printed program.

Please select one: **\$5,000** **\$3,000** **\$2,500.**

FRIEND – I am pleased to enclose a gift of \$_____ to Ronald McDonald House New York.

To register on line please visit:
www.rmh-newyork.org/blogs/events/2021marsh

Please make check payable to
Ronald McDonald House New York,
405 East 73rd Street, New York, NY 10021
Account 4003-132-golfrn

Name _____

Company _____

Address _____

Phone _____

Email _____

Corporate Gift Personal Gift

Bill me for \$ _____

Check enclosed for _____




Title _____

Contact Person _____

City _____ State _____ Zip _____

Fax _____

Tickets purchased from _____

Select one   

Card Number: _____

Expiration Date: _____

Signature: _____

COMMEMORATIVE PROGRAM AD SPECIFICATIONS

Full color ad is 5.5" wide x 8.5" height, Jpeg, TIFF & PDF formats preferable.
Email ads to jkelt@rmh-newyork.org. Due by June 8, 2021.