

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 & Breakfast: 8:00am ♦  
Shotgun: 8:45 am ♦ Reception/Cocktails: 1:00pm



**GOLF PACKAGE INCLUDES:** foursome, gratuities, locker service, range/practice areas, continental breakfast, 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.

**SILVER SPONSOR - \$10,000** - One Golf Foursome, Silver Sponsor Program Recognition and Full Page Ad. Supporting 30 Family Night Stays at RMH-NY.

**BRONZE SPONSOR - \$8,000** - One Golf Foursome, Bronze Sponsor Program Recognition. Supporting 25 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:  
<https://www.rmh-newyork.org/blogs/events/2021ms>

Please make check payable to  
Ronald McDonald House New York,  
405 East 73<sup>rd</sup> 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 [jkelton@rmh-newyork.org](mailto:jkelton@rmh-newyork.org). Due by June 8, 2021.