



2024 Sponsorship Agreement & Payment & Tax Receipt

You may sign up online at: www.cascademedicalfoundation.org
or fill out this form and return it to the address listed below.

Thank you for your donation!

Please make a copy of this form for your tax records.
CMF's tax ID: 91-1576083.

Business Name	Contact Person	Phone Number
Address	Email Address	

Naming Sponsor	\$4,000	Driving Range Sponsor	\$1,000
Dinner Sponsor	\$2,500	Golf Ball Tee Prize Sponsor	\$1,000
Awards Sponsor	\$2,500	Gopher Hole Sponsor	\$1,000
Tee Prize Sponsor	\$2,000	Tossie Hole Sponsor	\$1,000
Lunch & Snack Sponsor	\$2,000	Chipping Contest Sponsor	\$750
Golf Cart Sponsor	\$2,000	Putting Contest Sponsor	\$750
Beverage Cart Sponsor	\$1,500	Skills Contest Sponsor (1)	\$750
Advantage Hole Sponsor	\$1,000	OR Skills Contest Sponsor (4)	\$2,500
Team Photo Hole Sponsor	\$1,000	Hole Sponsor	\$500
In-Kind Donation Value	\$ _____		

If In-Kind Donation, please list donated item/s: _____

Method of payment:

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> In-Kind
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Credit Card Number	Expiration Date	Security Code
Billing Address (if not same as above)		
Signature		

Mail to: Cascade Medical Foundation
817 Commercial St.
Leavenworth, WA 98826

**Please email a high-quality image
file of your business logo to:**
foundation@cascademedical.org

Our Mission Statement: "To enhance and financially support Cascade Medical's ability to
deliver quality healthcare to our community."