



## 2025 Sponsorship Agreement Payment & Tax Receipt

You may sign up online at: [www.cascademedicalfoundation.org](http://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.

<b>Business Name</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>Email Address</b>	

<b>Naming Sponsor</b>	\$4,400
<b>Dinner Sponsor</b>	\$2,750
<b>Awards Sponsor</b>	\$2,750
<b>Tee Prize Sponsor</b>	\$2,200
<b>Lunch &amp; Snack Sponsor</b>	\$2,200
<b>Golf Cart Sponsor</b>	\$2,200
<b>Beverage Cart Sponsor</b>	\$1,650
<b>Advantage Hole Sponsor</b>	\$1,100
<b>Team Photo Hole Sponsor</b>	\$1,100
<b>Driving Range Sponsor</b>	\$1,100
<b>Pro Long Drive Insurance Hole Sponsor</b>	\$1,100

<b>Golf Ball Tee Prize Sponsor</b>	\$1,100
<b>Gopher Hole Sponsor</b>	\$1,100
<b>Tossie Hole Sponsor</b>	\$1,100
<b>Driving Range Target Contest Sponsor</b>	\$1,100
<b>Chipping Contest Sponsor</b>	\$825
<b>Putting Contest Sponsor</b>	\$825
<b>Skills Contest Sponsor (1)</b>	\$825
<b>OR Skills Contest Sponsor (4)</b>	\$2,750
<b>Hole Sponsor</b>	\$550
<b>In-Kind Donation / Value</b>	
<b>If In-Kind Donation, please list donated items:</b>	

**Method of payment:**

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

*Please submit sponsorship donations in full no later than March 1, 2025*

**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](mailto:foundation@cascademedical.org)

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