



## 2026 Sponsorship Agreement Payment & Tax Receipt

Please complete this form and return, with payment, to the address listed below.

Please make a copy of this form for your tax records.

CMF's tax ID: 91-1576083.

**Thank you for your donation!**

**Business Name**

**Contact Person**

**Phone Number**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

**Address**

**Email Address**

|  |  |
|--|--|
|  |  |
|--|--|

|                                    |         |
|------------------------------------|---------|
| <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>Golf Ball Tee Prize Sponsor</b> | \$1,650 |
| <b>Advantage Hole</b>              | \$1,100 |
| <b>Gopher Hole</b>                 | \$1,100 |
| <b>In-Kind Donation/Value:</b>     |         |

|                                     |         |
|-------------------------------------|---------|
| <b>Pro LD Insurance Hole</b>        | \$1,100 |
| <b>Team Photo Hole Sponsor</b>      | \$1,100 |
| <b>Tossie Hole Sponsor</b>          | \$1,100 |
| <b>Practice Range Ball Sponsor</b>  | \$1,100 |
| <b>Driving Range Target Contest</b> | \$1,100 |
| <b>Chipping Contest</b>             | \$825   |
| <b>Putting Contest</b>              | \$825   |
| <b>Skills Contest (1)</b>           | \$825   |
| <b>OR Skills Contest (all 4)</b>    | \$2,750 |
| <b>Hole Sponsor</b>                 | \$550   |

< Indicates sold sponsorships

If In-Kind Donation, please list donated items:

### Method of payment:

|                |
|----------------|
| <b>Check</b>   |
| <b>Cash</b>    |
| <b>In-Kind</b> |

|   |
|---|
| <b>Credit card</b>  |
| Make credit card payments at <a href="http://cascademedicalfoundation.org">cascademedicalfoundation.org</a> or call CMF's office at 509-548-2523. |

*Please submit sponsorship donations in full no later than March 1, 2026*

**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)

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