



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

Naming Sponsor CLAIMED	\$4,400	Pro LD Insurance Hole	\$1,100
Dinner Sponsor	\$2,750	Team Photo Hole Sponsor	\$1,100
Awards Sponsor CLAIMED	\$2,750	Tossie Hole Sponsor	\$1,100
Tee Prize Sponsor	\$2,200	Practice Range Ball Sponsor	\$1,100
Lunch & Snack Sponsor	\$2,200	Driving Range Target Contest	\$1,100
Golf Cart Sponsor	\$2,200	Chipping Contest	\$825
Beverage Cart Sponsor	\$1,650	Putting Contest	\$825
Golf Ball Tee Prize Sponsor	\$1,650	Skills Contest (1)	\$825
Advantage Hole	\$1,100	OR Skills Contest (all 4)	\$2,750
Gopher Hole	\$1,100	Hole Sponsor	\$550
In-Kind Donation/Value:			

If In-Kind Donation, please list donated items:

Method of payment:

	Check
	Cash
	In-Kind

	Credit card
Make credit card payments at cascademedicalfoundation.org or call CMF's office at 509-548-2523.	

Please submit sponsorship donations in full no later than March 16, 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

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