

# GOLF REGISTRATION



Please complete the information below and return to: VNA of Central Jersey Foundation • 23 Main Street, Suite D 1 • Holmdel, NJ 07733  
732.224.6780 or email Foundation@vnahg.org

NAME		COMPANY	
ADDRESS	CITY	STATE	ZIP
PHONE	FAX	EMAIL	

PLEASE LIST COMPANY/NAME FOR RECOGNITION PURPOSES

TO REGISTER ONLINE go to [www.rwjbh.org/hospicegolf](http://www.rwjbh.org/hospicegolf).

- I agree to support at the marked level.
- |  |   |   |
|--|---|---|
| <b>GOLF SPONSOR:</b>                                 | <b>GOLF UNDERWRITER:</b>                                      | <b>AD JOURNAL:</b>  |
| <input type="checkbox"/> Platinum Sponsor – \$25,000 | <input type="checkbox"/> Cocktail Party Underwriter – \$7,500 | <input type="checkbox"/> Full Page – \$1,000              |
| <input type="checkbox"/> Gold Sponsor – \$10,000     | <input type="checkbox"/> Entertainment Partnership – \$5,000  | <input type="checkbox"/> Half Page – \$500                |
| <input type="checkbox"/> Silver Sponsor – \$5,000    | <input type="checkbox"/> Luncheon Underwriter – \$5,000       | <b>COCKTAIL PARTY:</b>                                    |
| <input type="checkbox"/> Par Sponsor – \$3,000       | <input type="checkbox"/> Beverage Cart Partnership – \$2,500  | <input type="checkbox"/> Hospice Hero Supporter – \$2,500 |
|  | <input type="checkbox"/> Hole Underwriter – \$1,500           | <input type="checkbox"/> Hospice Hero Supporter – \$1,500 |
|  |   | <input type="checkbox"/> Individual Reservation – \$200   |

**GOLFER REGISTRATION:**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Handicap: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Handicap: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Handicap: \_\_\_\_\_

4) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Handicap: \_\_\_\_\_

Cocktail Party Attendees: \_\_\_\_\_

Sponsorship/Underwriting/Ad Journal Level: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Cocktail Party Reservation(s) \$200 per person \$ \_\_\_\_\_

I cannot attend, but wish to make a tax deductible contribution in the amount of: \$ \_\_\_\_\_

Enclosed is a Check Payable to VNA of Central Jersey Total \$ \_\_\_\_\_

Charge my credit card:  VISA  MasterCard  American Express  Discover

NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

**BILLING ADDRESS**



In accordance with the rules of the Internal Revenue Code, please keep this letter for your income tax records. Please be advised that Barnabas Health and Visiting Nurse Association Health Group have formed a 501(c)(3) nonprofit joint venture partnership known as VNA Health Group of New Jersey operating as Barnabas Health Home Care and Hospice with a Federal ID Number of 47-4841103. Please call us if you have any questions or need additional information.