



# LWML TEE UP 4 MITES Golf Outing Sponsorship

Sponsor Name as you wish it to appear—black & white logo (.jpg format) may be emailed to [teeup4mites@lwml.org](mailto:teeup4mites@lwml.org)

Donation Remitted By: Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date Paid \_\_\_\_\_

Method of Payment (circle one)

Check

Visa

American Express

Discover

MasterCard

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Zip Code of C.C. Billing Address \_\_\_\_\_ Signature \_\_\_\_\_

## Sponsorships

Platinum Level	Gold Level	Silver Level	Bronze Level	Other Sponsorships Appreciated
\$750	\$650	\$550	\$100	
Includes a Team Registration	Includes a Team Registration	Includes a Team Registration	Personalized Sign at Tee Box	
*Team Tees off first after Celebrities	*Lunch for Sponsor (1)	*Personalized Sign at Tee Box	*Special Recognition at Awards	*Photo Sponsor - \$750
*Lunch for Sponsor (2)	*Personalized Sign at Tee Box	*Special Recognition at Awards	Presentation as Bronze Sponsor	*Beverage Cart Sponsor - \$750
*Personalized Sign at Tee Box	*Special Recognition at Awards	Presentation as Silver Sponsor		*Players Gift Sponsor - \$500
*Special Recognition at Awards Presentation	Presentation as Gold Sponsor			*Driving Range & Putting Green Sponsor - \$250
				Special Recognition at Awards Presentation

Choose your Sponsorship Level. Please make payment to:

LWML (Note in Memo Line: Golf Outing 2021) and mail check or fax payment with this completed form to:

Lutheran Women's Missionary League  
c/o LWML Golf Outing  
801 Seminary Place, Suite L010  
St. Louis, MO 63105

Fax #: 1-314-505-7506

If you have any questions, please email [teeup4mites@lwml.org](mailto:teeup4mites@lwml.org) or call Barb Collins at 586-226-0291.

Thank you for your donation to further the ministry of LWML missions through mite donations and this TEE UP 4 MITES Golf Outing.

Please save a copy of this completed form for your receipt.

For Office Use Only

Level: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Credit Card. Info: \_\_\_\_\_ Exp. Date: \_\_\_\_\_