

**TITLE SPONSOR**  
**\$25,000**

Featured recognition with named title (Hope Health Invitational Sponsored by COMPANY) and a generous gift to the Arthur S. Robbins Hope Fund, in addition to all Presenting Sponsor benefits.

**PRESENTING SPONSOR**  
**\$10,000**

TWO foursomes, greens fees and carts, golfer gifts, lunch, eight tickets to post-play reception, prominent recognition on event day and in social media posts and e-blasts, logo recognition on pin flag, tee sign, and event web page, recognition during post-play reception.

**SPONSOR LEVELS include:**

One foursome, greens fees and carts, golfer gifts, lunch, four tickets to the post-play reception, logo recognition on event web page and social media posts.

**- Golf Ball Sponsor \$7,500**

Company logo on golf balls, recognition on signage, pin flag and tee sign

**- Post-Play Reception Sponsor \$7,500**

Recognition on signage at reception, pin flag and tee sign

**- Lunch Sponsor \$6,500**

Recognition on signage at the lunch station, pin flag and tee sign

**- Bar Sponsor \$6,000**

Recognition on signage at the bar, pin flag and tee sign

**- Golf Cart Sponsor\* \$6,000**

Recognition on all golf carts and tee sign

**- Golfer Gift Sponsor \$6,000**

Recognition on golfer gift packaging OR opportunity to distribute corporate golf-related item, and tee sign

**- Eagle Sponsor\* \$5,000**

Recognition on all invitational materials and tee sign

\*Multiple sponsorships available

**Dr. Martin's Foursome Sponsor \$5,000**

Sponsor HopeHealth's beloved Chief Medical Officer, Edward W. Martin, MD, and his foursome to play in the Invitational! Recognition on all Invitational materials, and tee sign. This sponsorship is fully tax deductible.

**Arthur S. Robbins Hope Fund Sponsor\* Donations of \$1,500 and above**

The Hope Fund ensures that eligible patients and their families receive the full spectrum of hospice services, support services and grief counseling, regardless of their ability to pay. Includes recognition on Invitational materials, tee sign and invitation for two to post-play reception. This sponsorship is fully tax deductible.

**CADDY (non-play):**

**Pin Flag \$1,000\***

- Recognition as a Pin Flag Sponsor
- Commemorative pin flag
- Admit four to post-play reception

\*Limited number available

**Tee Box \$500**

- Recognition as a Tee Box Sponsor
- Tee Sign
- Admit two to post-play reception

**Friend of Hope \$250**

- Recognition on all Invitational materials
- Admit two to post-play reception





# Sponsorship Agreement

Rhode Island Country Club, Barrington, RI

Monday, September 8, 2025

*Thank you for sponsoring our event.* Please complete and return this sponsorship agreement form.

COMPANY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### I would like to support the 2025 HopeHealth Invitational at the following level (see descriptions on reverse side):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>\$25,000</b><br>Title Sponsor              | <input type="checkbox"/> <b>\$6,000</b><br>Bar Sponsor          | <input type="checkbox"/> <b>\$1,500+</b><br>Arthur S. Robbins<br>Hope Fund Sponsor |
| <input type="checkbox"/> <b>\$10,000</b><br>Presenting Sponsor         | <input type="checkbox"/> <b>\$6,000</b><br>Golf Cart Sponsor    | <input type="checkbox"/> <b>\$1,000</b><br>Pin Flag                                |
| <input type="checkbox"/> <b>\$7,500</b><br>Golf Ball Sponsor           | <input type="checkbox"/> <b>\$6,000</b><br>Golfer Gift Sponsor  | <input type="checkbox"/> <b>\$500</b><br>Tee Box                                   |
| <input type="checkbox"/> <b>\$7,500</b><br>Post-Play Reception Sponsor | <input type="checkbox"/> <b>\$5,000</b><br>Eagle Sponsor        | <input type="checkbox"/> <b>\$250</b><br>Friend of Hope                            |
| <input type="checkbox"/> <b>\$6,500</b><br>Lunch Sponsor               | <input type="checkbox"/> <b>\$5,000</b><br>Dr. Martin's Sponsor | <input type="checkbox"/> <b>Donation \$</b> _____                                  |

#### PAYMENT INFORMATION:

Sponsorship pledges must be paid by **August 29, 2025**

For your records, our 501(c)3 Tax I.D. Number is **51-0192422**.

**Check enclosed** (Please make checks payable to: **HopeHealth**)

I would like to pay with a **credit card**:  MasterCard  Visa  American Express  Discover

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PRINT NAME ON CARD: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please send an invoice to the above contact.

Sponsorships may also be purchased online at [HopeHealthCo.org/2025Golf](http://HopeHealthCo.org/2025Golf).

**Sponsors, please provide a high-resolution file of your company logo** for use in promotional materials. All logos and completed sponsorship forms can be emailed to [Giving@HopeHealthCo.org](mailto:Giving@HopeHealthCo.org).

**For more information**, please call (401) 415-4206, or email [Giving@HopeHealthCo.org](mailto:Giving@HopeHealthCo.org). Thank you.



**Please return the completed form to:**

HopeHealth  
Attn: Philanthropy  
1085 North Main Street  
Providence, RI 02904