



Sponsorship Opportunities

Join us at the beautiful Rhode Island Country Club!

Monday, September 8, 2025

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 **SOLD OUT**

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

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

Recognition on signage at reception, pin flag and tee sign

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

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

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.

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.

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



Please return the completed form to:

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