



SAVE THE DATE

06.18.18

First Annual
Spoonful of Hope
CHARITY GOLF TOURNAMENT

TPC SUGARLOAF GOLF COURSE

2595 SUGARLOAF CLUB DRIVE, DULUTH, GEORGIA, 30097

SHOTGUN START
10:00AM



DONATION AGREEMENT FORM

First Annual Golf Tournament

TPC Sugarloaf Country Club • Monday, June 18th, 2018

DONOR NAME/COMPANY: _____

DONOR ADDRESS: _____

CONTACT NAME: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

ITEM DESCRIPTION: _____

ESTIMATED VALUE: _____

EXPIRATION DATE (must be on or before June 18, 2019): _____

SPECIAL INSTRUCTIONS/CONDITIONS/ RESTRICTIONS (e.g. dates valid, black-out periods, age restrictions, number of people in party, beverage/liquor, tax & gratuities included/excluded, airfare included/excluded, etc.):

PLEASE CIRCLE ONE: *Certificate/item is being sent by me* **OR** *Please issue a certificate on my behalf*

HOW TO MAKE A DONATION

1. All donation items and gift cards/certificates must be accompanied by this completed and signed donation form. All donations must be sent by June 8th, 2018 to Spoonful of Hope c/o Maverick Events, 12 East 86th St. Suite 506, New York, NY 10028 – phone (917) 242-1817, fax (212) 202-5190; email: nina@mavevents.com.

2. Each donation requires a separate form. Forms may be copied or are available online at www.spoonfulofhopefoundation.org.

SIGNATURE: _____ **DATE:** _____ (please retain a copy for your records)

Spoonful of Hope is a tax-exempt organization described in Section 501(c)3 of the IRS code, EIN# 45-5378997. Your donation may be tax deductible as a charitable contribution. Guidelines established by the IRS do not permit us to provide you with an estimated value of your contribution. You will receive an acknowledgement of your donation for tax purposes. Thank you for your gift!

Please return this form to: Maverick Events, 12 East 86th St. Suite 506, New York, NY 10028
Phone: 917-242-1817 Fax: 212-202-5190 E-Mail: nina@mavevents.com



WWW.SPOONFULOFHOPEFOUNDATION.ORG

SPoonFUL OF HOPE FOUNDATION'S 1ST ANNUAL GOLF TOURNAMENT

Monday, June 18, 2018 • 10:00AM Shotgun Start • 18 Holes

TPC Sugarloaf Country Club
2595 Sugarloaf Country Club Drive
Duluth, GA 30097
www.tpcsugarloaf.com

SPONSOR LEVELS

<input type="checkbox"/> \$3,500 - VIP FOURSOME + SPECIAL GUEST <ul style="list-style-type: none"> • VIP gift for each player • Breakfast per diem for each player • 2 pieces of signed memorabilia • 10 raffle tickets for each player • Logo inclusion on event signage • Logo inclusion on sponsor loop • Mention as VIP in any press, social media, or media collateral • Includes lunch from Chick-fil-A and access to post-tournament cocktail party <p><i>*Pro athlete, celebrity, or Atlanta icon*</i></p>	<input type="checkbox"/> \$1,500 - FOURSOME <ul style="list-style-type: none"> • Breakfast per diem • 1 piece of signed memorabilia • 5 raffle tickets for each player • Logo inclusion on event signage • Logo inclusion on sponsor loop • Mention in any press, social media, or media collateral • Includes lunch from Chick-fil-A and access to post-tournament cocktail party
<input type="checkbox"/> \$400 - INDIVIDUAL TICKET <ul style="list-style-type: none"> • Breakfast per diem for each player • Entry for 1 to participate in tournament • 1 raffle ticket • Includes lunch from Chick-fil-A and access to post-tournament cocktail party 	<input type="checkbox"/> \$500 - SPONSOR A FAMILY TO SPECTATE <ul style="list-style-type: none"> • Support a family who has benefitted from SOH to watch the tournament. <p><i>*This will be an add-on to any sponsor level or individual ticket purchase and will include mention in any press, social media, or media collateral*</i></p>
	<input type="checkbox"/> \$100 - SPECTATOR TICKET

* To be included in onsite signage, please send all logos/name listings to nina@mavevents.com no later than **June 1, 2018**

☐ I cannot participate but please accept my donation of \$_____.

REGISTRATION FORM

Total Amount Enclosed/To Charge: \$_____.

Payment Method: ☐ Check made payable to Spoonful of Hope ☐ AMEX ☐ VISA ☐ MC

Name (as you wish to be listed in printed materials) :

Card #: _____

Name on card: _____

Billing Address: _____

Expiration date: _____

City: _____ State: _____ Zip: _____

Security code: _____

Phone: _____ E-mail: _____

Signature: _____

SEND COMPLETED FORMS TO: nina@mavevents.com, fax: 212-202-5190

For any additional sponsorship opportunities and inquiries, contact: Candace Jarkow, candace@mavevents.com

Spoonful of Hope Foundation

c/o Maverick Events
12 East 86th St. Suite 506
New York, NY 10028
p: 917-242-1817
www.mavevents.com