FOR A CAUSE

Please join us for a day of fun and friendly competition at the 17th Annual Lexington Clinic Foundation Golf Tournament on **Tuesday**, **September 14, 2021,** at the University Club of Kentucky.

Located on Leestown Road, the University Club offers two amazing courses: Big Blue and Wildcat. The rolling Bluegrass terrain of Central Kentucky provides a gorgeous countryside setting, perfect for 36-holes of extraordinary golf.

Every golfer receives a complimentary gift bag and commemorative gift for playing in the

tournament. Register to play as an individual or as a team.

All proceeds benefit Lexington Clinic Foundation, Tax ID #61-6037046.

For more information, please call 859.258.4483 or e-mail amcda@lexingtonclinicfoundation.org.



UNIVERSITY CLUB OF KENTUCKY 4850 LEESTOWN ROAD LEXINGTON, KY 40511



7TH

ANNUAL

GOLF

TOURNAMENT

SEPTEMBER 14, 2021

1221 South Broadway | Lexington, KY 40504 859.258.4483 p | 859.258.6136 f

LexingtonClinicFoundation.org

SEPTEMBER 14 GOLF AGENDA

10:30 a.m.	Registration Opens
11:00 a.m.	Lunch
12:00 p.m.	Play Begins
4:30 p.m.	Dinner Reception and Awards

Complimentary beverages and snacks will be provided throughout the day.

AWARDS

HOLE-IN-ONE

All players are eligible; one shot attempt; multiple winners. Prize is a luxury vehicle with two-year lease (*specific holes to be announced*).

1ST, 2ND AND 3RD PLACE TEAMS

Winners receive a commemorative trophy.

CLOSEST TO THE PIN

Winners on each course receive a University Club of Kentucky Golf Club gift card (*specific holes to be announced*).

LONGEST DRIVE

A University Club of Kentucky Golf Club gift card will be awarded for best male and best female for each course (*specific holes to be announced*).



SPONSORSHIP LEVELS

PLATINUM (\$12,000)*

- Inclusion in media advertising and printed program materials
- Four (4) foursomes in the golf tournament
- Hole sponsorship, with two signs on each course
 Signage at the event (display of corporate logo on LCF website; logo on large welcome banner in prominent location)
- Special recognition during awards dinner
 Full-page advertisement in program

GOLD (\$6,000)*

- Two (2) foursomes in the golf tournament
- Hole sponsorship, with one sign on each course
 Signage at the event and display of corporate logo on LCF golf website
- Special recognition during awards dinner
 Full-page advertisement in program

SILVER (\$3,000)*

One (1) foursome in the golf tournament
Hole sponsorship, with one sign on one course
One-half page advertisement in program

BRONZE (\$1,200)*

One (1) foursome in the golf tournament
Hole sponsorship, with one sign on one course
Quarter page advertisement in program

PRACTICE GREEN SPONSOR (\$600)*

Signage on practice green
Two (2) entries in the golf tournament
Name(s) listed in program

PATRON (\$300)*

One (1) entry in the golf tournament
 Name listed in program

* Tax deductible to extent permitted by tax code

SPONSORSHIP AGREEMENT

Artwork for sponsorship must be received by **Thursday, August 26, 2021.**

Company/Donor Name

1	Contact		
 Cut and mail or fax 	Address		
nail o			
ır fax.	City	_ State	_ Zip
	Phone		
	Fax		
	E-mail		

THE PLAYERS

- I.	
2.	
3.	
4.	

GIFT BAGS

 Yes! We wish to place promotional items in the gift bags! A Foundation representative will coordinate goodie bag item(s) drop off.
 Item Description

Number of Items

1

All donated items must be received by Wednesday, September 8, 2021. *Please return this form and your payment to:*

Lexington Clinic Foundation Attn: Allen McDaniel

1221 South Broadway, Lexington, KY 40504 Phone: (859) 258-4483 Fax: (859) 258-6136 Email: amcda@lexingtonclinicfoundation.org Federal Tax ID#: 61-6037046

SPONSORSHIP LEVELS

🛛 Platinum	\$12,000
⊐ Gold	\$6,000
⊐ Silver	\$3,000
∃ Bronze	\$1,200
Practice Green	\$600
□ Patron/Individual Entry	\$300

Unable to play but want to support Lexington

Clinic Foundation? Gifts are greatly appreciated and are 100% tax deductable. All gifts of \$300 or more will be listed in the program.

Method of Payment Please send invoice to

Check Enclosed (made payable to
	Lexington Clinic Foundation)

Month

	LEXING	from chinic i ounua	lu
MasterCard	🛛 Visa	Discover	

Name on Card

Card Number

_	_	
vn	Date	
-vb.	Date	

CID#

(3 digits on back of card; 4 digits on front of card for AMEX)

Year

Card Billing Address:

Signature_____

Date_____

