

# The Immokalee Foundation 15th Anniversary 2023 Charity Classic Pro-Am Golf Tournament

Featuring Legendary Golf Hall of Famer, Ernie Els



Individual Sponsorship Opportunities March 12 | Pairings Party & Dinner March 13 | Pro-Am Tournament The Ritz-Carlton Naples, Tiburón

# 2023 Charity Classic Pro-Am Golf Tournament Individual Sponsorship Opportunities



# **Hope Society**

## \$50,000+ (Exclusive)

#### **Pairings Party**

-Eight (8) tickets to Pairings Party -Photo opportunity with headliner -Seated with Headliner, Ernie Els

#### Pro-Am

-Four (4) participants at the Pro-Am Golf Tournament -Opportunity to be seated with a headliner

for lunch

-Name recognition on signage -Hole Signage

### Success Society

#### \$25,000

#### Pairings Party

-Four (4) tickets to Pairings Party
-Photo opportunity with headliner **Pro-Am**-Two (2) participants at the Pro-Am Golf
Tournament
-Opportunity to be seated with a headliner for lunch
-Name recognition on signage
-Hole Signage

# **Pathway Society**

#### \$15,000

Pairings Party -Two (2) tickets to Pairings Party -Photo opportunity with headliner Pro-Am -Two (2) participants at the Pro-Am Golf Tournament -Hole Signage

## Dream Society

#### \$12,000

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Pairings Party -Two (2) tickets to Pairings Party Pro-Am -Two (2) participants at the Pro-Am Golf Tournament

# Immokalee Society

#### \$5,000

**Pairings Party** 

-One (1) ticket to Pairings Party **Pro-Am** -One (1) participant at the Pro-Am Golf Tournament

For additional details or customizable package information, please contact Marie Rubenstein, VP of Philanthropy at Marie.Rubenstein@immokaleefoundation.org.

# 2023 Charity Classic Pro-Am Golf Tournament Individual Sponsorship Commitment Form



Hope Society:	Success Society:	
\$50,000 (Exclusive)	\$25,000	
Pathway Society:	Dream Society:	
\$15,000	\$12,000	
Immokalee Society :	Individual Pairings Party & Dinner	
\$5,000	Ticket: \$500	

CITY, STATE:	ZIP CODE:	
CONTACT:	TELEPHONE:	
EMAIL:		
PAY BY CHECK		
CHECK #:	AMOUNT:	
PAY BY CREDIT CARD		
CREDIT CARD #:	CVV:	EXP:
CARD HOLDERS NAME:		
BILLING ADDRESS:		
CITY, STATE:	ZIP CODE:	
SIGNATURE:	DATE:	
TIF MEMBER SIGNATURE:	DATE:	
<b>Advertising deadline is Feb. 13, 2023.</b> Please indic and return this form with payment by mail to T To pay by cr		