Bond Community Health Center, Inc.

MISSION GOLF 2025

TOURNAMENT & YOUTH GOLF CLINIC

NOVEMBER 6-7, 2025

BONDCHC.COM

Bond Community Health Center, Inc.

2025 MISSION GOLF TOURNAMENT

SPONSORSHIP OPPORTUNITIES

Tournament Event Sponsors

Championship Event Sponsor — *$5,000*

(Foursome Package and all benefits below included)

- Naming rights as Title Event Sponsor
- Full-page color ad in event program
- Company logo on event day promotional items
- Sponsorship recognition on Bond social media accounts

Capital Sponsor — *$3,500*

(Foursome Package and all benefits below included)

- Exclusive rights to display mutually agreed-upon promotional materials
- Company banner displayed at event
- Company logo on select event day promotional item
- Recognition in all forms of pre-event public promotion
- Plaque in recognition of your dedication to promoting access to quality health care in our community

Bond Community Health Center, Inc.

2025 MISSION GOLF TOURNAMENT

SPONSORSHIP OPPORTUNITIES

Mission (Hole) Sponsor — *$1,500*

(Foursome Package and all benefits below included)

- Breakfast, lunch and refreshments for all players
- Company hole sign (9 available)
- Company logo in program
- Company sign at Youth Golf Event

Youth Golf Event Sponsors

Meal & Refreshment Sponsor	*$1,500*
T-shirt Sponsor	*$800*
Giveaway Sponsor	*$500*
Raffle Sponsors	*$250*

Tournament Tickets

Single
$150

Foursome
$500

Bond Community Health Center, Inc.

SPONSORSHIP FORM

Thank you for your interest in becoming a sponsor. By living the mission together, we can increase access to quality health care for all people in our community.

Individual Name: _____

Organization Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Fax _____

Email Address: _____

Contact Person: _____

Special Listing Instructions:

Please provide the following information that you would like listed in our printed materials.

Name of individual or organization to be used (must be written out exactly as it should appear in all public materials, including capital letters and abbreviations):

_____

☐ I would prefer not to be listed

Donation Amount: $_____

Anticipated Payment Method:

☐ **Cash** ☐ **Check** ☐ **Card**

Donor Signature _____Date_____

- ✓ Sponsors, please email a hi-resolution logo to **sjones@bondchc.com** by October 31, 2025
- ✓ Please make all checks payable to Bond Community Health Center, Inc.
- ✓ All donations made by card can be paid by selecting the donate button on bondchc.com.
- ✓ This form must be completed and submitted by October 31, 2025, to be included on event materials and program.

Bond Community Health Center, Inc.
1720 S. Gadsden Street, Tallahassee, FL 32301
Event Coordinator: Donnel Durden, P: 850.576.4073 ext.
381 E: sjones@bondchc.com

Bond Community Health Center, Inc. 40th ANNIVERSARY 1984 2024