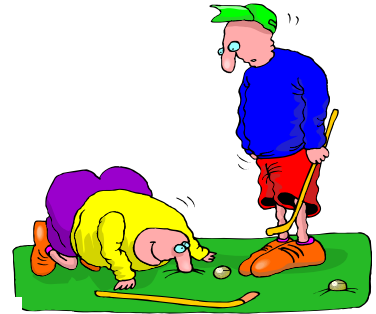




**Elmore Medical Center
Foundation
Annual Golf Classic
Saturday, August 7, 2010**



Sponsorship / Donation Confirmation

Business Name: _____

(list business name exactly as you would like it to appear in sponsorship acknowledgements)

Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please mark all items which your business wishes to sponsor or donate to the Elmore Medical Center Foundation 2010 Annual Golf Classic.

Sponsorships

- Tournament Logo Sponsor (\$500 or More)
- Gold Hole Sponsor (\$250)
- Silver Hole Sponsor (\$100)

Donations

Please indicate the categories of items you are donating with a brief description and estimated retail value.

<u>Item Category</u>	<u>Description</u>	<u>Est. Retail Value</u>
<input type="checkbox"/> Gift Certificate	_____	\$ _____
<input type="checkbox"/> Service	_____	\$ _____
<input type="checkbox"/> Product/item(s)	_____	\$ _____
<input type="checkbox"/> Other In-Kind Donation	_____	\$ _____

The above is a fair description of the service or item that I will donate to benefit Elmore Medical Center Foundation. I understand that this service or item will be used as a tournament prize, door prize or auctioned at the EMC Foundation Annual Golf Classic event.

Signed _____ Date: _____

Special arrangements may be made for donation pick up by calling the Elmore Medical Foundation Office at 580-2673 or email to krabbend@slrmc.org. Please make sponsorship checks payable to Elmore Medical Center Foundation and mail to PO Box 1270, Mountain Home, ID 83647.

The funds raised by the Foundation are used to support Elmore Medical Center in their mission to provide for the healthcare needs of the communities we serve. Your continued support of Elmore Medical Center Foundation is greatly appreciated.