MSCI WI CHAPTER Scholarship Golf Outing

The Stream all and

THURSDAY, SEPTEMBER 19, 2024 Washington County Golf Course Hartford, WI

8:00 AM: Registration 9:00 AM: Shotgun Start Completion of Rounds: Lunch & Awards

All funds raised support college scholarships for the kids of MSCI Wisconsin member companies. Over \$20,000 awarded in 2023!

Support the Kids ...

SPONSORSHIP

Platinum - \$1,000 Lunch - \$750 Registration - \$500 Hole Sponsor - \$400 GOLF / LUNCH GOLF - \$275/PP *golf, cart, range balls & lunch included

LUNCH ONLY \$50/PP

AUCTION / RAFFLE

Contribute an experience, item or package to our exclusive silent auction / raffle

Prepayment required! Commit by September 10th for sponsor benefits

MSCI WI GOLF OUTING Sponsorship benefits

Thursday, September 19, 2024

SPONSORSHIP OPPORTUNITIES

Platinum Sponsor - \$1,000

- Logo on reception signage
- Logo in pre-event promotional emails
- Logo in thank you email to all members
- Verbal recognition at event
- Opportunity to provide promotional item to attendees
- Hole sign

Lunch Sponsor - \$750

- Logo on lunch signage
- Recognition in pre-event promotional emails
- Verbal recognition at event
- Opportunity to provide promotional item to attendees
- Hole sign
- Recognition in thank you email to all members

Registration Sponsor - \$500

- Logo at registration signage
- Verbal recognition at event
- Hole sign
- Recognition in thank you email to all members

Hole Sponsor - \$400

- Hole sign
- Recognition in thank you email to all members







MSCI WI GOLF OUTING COMMITMENT FORM

Contact Information

Business Name: ______ Primary Contact Name:______ Email Address:______

Golf Registration (GOLF = \$275/PP, LUNCH = \$50/PP)

Player Name	Company	Email	Lunch Only

Sponsorship Registration

\$1,000 - Platinum Sponsor \$750 - Lunch Sponsor

\$500 - Registration Sponsor

\$400 - Hole Sponsor

Silent Auction / Raffle

My company will donate the following silent auction/raffle item: ______

Method of Payment

Enclosed is my check in the amount of \$_____ (payable to MSCI Wisconsin Chapter)

Charge my credit card in the amount of \$_____

Card Type:	VISA	Mastercard	Discover	AMEX			
Cardholder's Name:							
Billing Address:							
Card Number:		EXP. Dat	:e:	_ CVV:			

Signature:_____Date:_____Date:_____

Please return form and payment to:

MSCI Wisconsin Chapter, 18445 Fox Rd, Hiram, OH 44234

Please email a high-resolution logo to Teresa by 09/10/2024 to ensure high-quality printing Email: Teresa@247officeexpress.com **Phone**: 216.392.1212 Fax: 330.908.1587