



A BENEFIT GOLF TOURNAMENT for the
CDS FOUNDATION
MONDAY
AUGUST 31

White Eagle Golf Course
 3400 CLUB DR., NAPERVILLE

BE A SPONSOR!

Your sponsorship is a great way to advertise your organization while simultaneously supporting the delivery of oral healthcare in our community. By presenting your name to our select group of community leaders and dental professionals, you'll demonstrate your support for the CDS Foundation!

You are also invited to play in our scramble-format outing. **Send us a list of players and their handicaps to register your foursome.**

SPONSORSHIP DEADLINE:
 Monday, August 17

SPONSORSHIP RESERVATION FORM

Mail a copy of this form and payment to: **CDS Foundation, 401 N. Michigan Ave., Suite 200, Chicago 60611.**

Organization: _____ Contact: _____

Address: _____

City/State/ZIP: _____

Phone: _____ E-mail: _____

SPONSORSHIP OPPORTUNITIES (Please indicate which sponsorship(s) you wish to provide.)

PAYMENT METHOD: Check (Payable to CDS Foundation) Visa Mastercard

- | | |
|--|--|
| <input type="checkbox"/> Hole sponsorship with literature in players' gift bags: \$300 per hole | <input type="checkbox"/> Closest to the pin (Women): \$200 |
| <input type="checkbox"/> Hole sponsorship with 2 representatives at the hole to distribute literature: \$500 | <input type="checkbox"/> Longest drive (Men): \$200 |
| <input type="checkbox"/> Hole sponsorship with a foursome in the outing: \$1,200 | <input type="checkbox"/> Longest drive (Women): \$200 |
| <input type="checkbox"/> Closest to the pin (Men): \$200 | <input type="checkbox"/> Lunch: \$5,000 |
| | <input type="checkbox"/> Buffet dinner: \$7,000 |

Card number: _____ Expiration date: _____

Cardholder's Signature: _____ Amount: _____

Questions? Contact Will Conkis, CDS Director of Publications, 312.836.7325, wconkis@cds.org

