

# SHOW YOUR SUPPORT AT WPMCA 2008 GOLF OUTING!

## LEVEL AND DESCRIPTIONS OF SPONSORSHIPS:

### **Corporate Partner Sponsorship**      **\$2,500**      \_\_\_\_\_

All companies who choose to provide a Corporate Partner Sponsorship will receive prominent recognition in the Informer, WPMCA monthly newsletter, a 2" x 3" in the official program of WPMCA Golf Outing and two complimentary registrations for WPMCA 2008 Summer Outing - a \$300 value for the complimentary registrations alone! **The only means to becoming an advertiser in the Program is by becoming a Corporate Partner Sponsorship.**

### **Eagle Sponsorship**      **\$1,500**      \_\_\_\_\_

In addition to receiving recognition in the Informer, WPMCA monthly newsletter, in the Golf Outing Program and on signage at the outing, all companies who provide a eagle sponsorship will receive two complimentary registrations for WPMCA 2008 Summer Golf Outing - a \$300 value!

### **Birdie Sponsorship**      **\$1,000**      \_\_\_\_\_

All birdie sponsors will be recognized in the Informer, the Golf Outing Program and through event signage. Each company who provides a birdie sponsorship will receive one complimentary registration for WPMCA 2008 Summer Golf Outing - a savings of \$150!

### **Bronze Sponsorship**      **\$500**      \_\_\_\_\_

All bronze sponsors will be recognized in the Informer, the Golf Outing Program and through event signage. Each company who provides a bronze sponsorship will receive two complimentary registrations for WPMCA 2008 Summer Golf Outing Banquet - a savings of \$100!

### **Hole Sponsorship**      **\$250**      \_\_\_\_\_

Acknowledgement of your sponsorship will be in the Informer, the Golf Outing Program and on a sponsorship sign on a hole at WPMCA 2008 Summer Golf Outing.

Company Name: \_\_\_\_\_  
(as you would like it to appear on signage)

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Method of Payment:**

Check enclosed:\_\_\_ Mastercard:\_\_\_ VISA:\_\_\_ American Express\_\_\_ Total:\_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Please return completed forms to:**

WPMCA, Inc., 121 S. Pinckney St., Suite 300, Madison, WI 53703  
FAX: (608) 256-7666 (credit card payments only)

**Questions:** Please contact Lori Gerber at (608) 256-7555 or via email gerber@wpmca.org

