

2025

Mercy Health Clinic 22nd Annual Golf Classic

Sponsorship Opportunities



Mercy Health Clinic is a nonprofit, non-sectarian, community healthcare provider. The Clinic serves as a safety net for more than 2,400 low-income, medically-underserved adult and adolescent residents of Montgomery County, Maryland annually. We are committed to providing high quality medical care, health education and medications **free of charge** to eligible patients.

The Clinic relies on the dedication of 40 volunteer doctors providing primary and specialty medical care, 60 non-medical volunteers as well as some paid personnel. To assure consistent and high quality services, the Clinic seeks the support of local government, strategic partners, and individual contributors to fund on-going operations and future programs.

Mercy is delighted to host its 22nd Annual Golf Classic, an 18-hole tournament with special contests and great food and beverage. The day's activities will run from mid-morning into the early evening with lunch, player gift, prizes and awards.

You are invited to become one of our sponsors and support community healthcare!

WWW.MERCYHEALTHCLINIC.ORG/GOLF



Monday, October 6, 2025 • Manor Country Club • Rockville, MD

Registration Starts 10 am Driving Range & Putting Greens Open 10 am Shotgun Start 12:00 pm

2025 Sponsorship Levels

Premier Sponsorships

Presenting Sponsor \$25,000 **Sold**

- Lead visibility in all promotions (print and online)
- Featured in e-newsletter
- Sponsorship of a player gift
- Inside front cover color ad
- 3 Foursomes

Heart of Silver Sponsor \$5,000

- Visibility in all promotions
- Full page ad
- 1 Foursome

Heart of Gold Sponsor \$10,000

- Visibility in all promotions
- Sponsorship of awards
- Inside back cover color ad
- 2 Foursomes

Flag Sponsor \$5,000

- Visibility in all promotions
- Full page ad
- 1 Foursome

Golf Sponsorships

Lunch Sponsor \$3,500

Foursome and name/logo sign in area and program

After Golf Reception \$5,000

Foursome and name/logo sign in area and program

Course Beverage Sponsor \$3,500

Foursome and name/logo sign in area and program

Driving Range Sponsor \$2,000

Foursome and name/logo sign in area and program

Putting Green Sponsor \$2,000

Foursome and name/logo in area and program

If possible, please pay by check so the Clinic can avoid the on-line credit card processing fee on these sponsorships.

Other Event Sponsorships

Accurate Drive (2)

Men's/Women's \$1,000

Larger sign on contest holes

Closest to Pin (2)

Men's/Women's \$1,000

Larger sign on contest holes

Hole Sponsor

\$550

Sign on t-box or green

Sponsorship Deadline: Friday, September 19 by 5 pm to ensure maximum visibility

*Mercy Health Clinic is a tax exempt organization under IRS Code 501(c)(3). Tax ID #52-2230932
Sponsorships and a portion of individual golf/foursome fees may be tax deductible.*

2025 Mercy Health Clinic Golf Classic Sponsorship Form

Monday, October 6 • Manor Country Club • Rockville, MD

Organization/Name: _____

Please list in the Program as (if different from above): _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Yes, I/we would like to join you as a sponsor and/or golfer:

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Heart of Silver Sponsor | \$5,000 | <input type="checkbox"/> Driving Range Sponsor | \$2,000 |
| <input type="checkbox"/> After-Golf Sponsor | \$5,000 | <input type="checkbox"/> Putting Green Sponsor | \$2,000 |
| <input type="checkbox"/> Lunch Sponsor | \$3,500 | <input type="checkbox"/> Contests On-Course | \$1,000 |
| <input type="checkbox"/> Course Beverage Sponsor | \$3,500 | <input type="checkbox"/> Hole Sponsor | \$550 |
| <input type="checkbox"/> Foursome or Individual Golfer \$375 each | | | |

All golfers receive lunch, player gift, on course snacks & drinks, and eligibility for prizes and awards.

Additional Gift: \$ _____

Total Commitment: \$ _____

☐ Unfortunately I cannot attend. Please use my gift where Mercy Health Clinic has the most need.

Payment Information: ☐ Please send me an invoice.

☐ A check is enclosed payable to Mercy Health Clinic.

☐ Please charge my credit card in the amount of \$ _____

Name on Card: _____ Card Type: _____

Card Address: _____ Card #: _____

Expiration: _____ 3-digit code on back: _____ Signature: _____

Register online:

www.mercyhealthclinic.org/golf

Questions? Contact Joan Ronnenberg

joan.ronnenberg@mercyhealthclinic.org

240-773-0332

Return this form to:

Mercy Health Clinic

7 Metropolitan Court, Suite 1

Gaithersburg, MD 20878

Fax: 240-773-0301