2026
Mercy Health Clinic 23rd Annual Golf Classic
Sponsorship Opportunities



Mercy Health Clinic is a nonprofit community healthcare provider serving more than 2,600 low-income, uninsured residents of Montgomery County, ages 13 and older. We are seeing a surge of need, providing over 2,000 more patient visits in 2025 than 2024. Your support provides high-quality medical care, nutrition education and medications **free of charge** for our patients.

Mercy leverages a small staff with a corps of 45 volunteer doctors providing primary and specialty medical care, with the assistance of additional non-medical volunteers. To ensure access to services, the Clinic seeks the support of local government, strategic partners, and individual contributors to sustain on-going services and future programs.

Mercy is delighted to host its 23rd Annual Golf Classic, an 18-hole tournament with special contests and great food & beverages. The day's activities will run from mid-morning into the early evening with lunch, player gift, prizes and awards, followed by a post-golf reception.

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

To register or sponsor online visit www.MercyHealthClinic.org/Golf

MercyHealthClinic

Monday, October 5, 2026 • Manor Country Club • Rockville, MD

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

2026 Sponsorship Levels

Premier Sponsorships

Presenting Sponsor $25,000 SOLD

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

Heart of Gold Sponsor $10,000 SOLD

- Lead visibility in all promotions (print and online)
- Featured in e-newsletter
- Inside front cover color ad
- 2 foursomes

Heart of Silver Sponsor $5,000

- Visibility in all promotions (print and online)
- Full page ad in program
- 1 foursome

Flag Sponsor $5,000 SOLD

- Visibility in all promotions (print and online)
- Full page ad in program
- 1 foursome

Course Beverage Sponsor $5,000

- Visibility in all promotions (print and online)
- Full page ad in program
- 1 foursome

Post- Golf Reception Sponsor $5,000

- Visibility in all promotions (print and online)
- Full page ad in program
- 1 foursome

Other Sponsorship Opportunities

Lunch 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.

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 18 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.

2026 Mercy Health Clinic Golf Classic Sponsorship Form

Monday, October 5, 2026 • 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:

☐ Heart of Silver Sponsor	$5,000	☐ Driving Range Sponsor	$2,000
☐ Course Beverage Sponsor	$5,000	☐ Putting Green Sponsor	$2,000
☐ Post-Golf Reception Sponsor	$5,000	☐ Contests On-Course	$1,000
☐ Lunch Sponsor	$3,500	☐ Hole Sponsor	$550

☐ Foursome or Individual Golfer $1,580/$395 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