



2025 Sponsorship Registration

Monday
August 18,
2025
Franklin
Country Club

COMPANY or SPONSOR NAME: _____

As you wish it to appear in sponsorship materials. Please print.

Billing Address: _____
Street or PO Box City State Zip

Contact: _____
First and Last Name Position

Phone: _____ Email: _____

MAJOR SPONSORSHIPS

___ **PLATINUM** \$20,000 (16 players) ___ **GOLD** \$10,000 (8 players)
___ **SILVER** \$5,000 (4 players) ___ **BRONZE** \$2,500 (2 players)

Player Names and Emails:

SUPPORTING SPONSORSHIPS Player spots not available at these levels

___ **Own a Hole** \$1,000
___ **Tee or Green** \$500
___ **Fairway, Water Hazard, or Sand Trap** \$250

PAYMENT INFORMATION

Checks can be made out to: Milford Regional Healthcare Foundation. ___ **Send Invoice** Paid sponsors receive priority
Credit card information can be entered below or entered online using the QR Code below:

CARD NUMBER _____ EXP DATE _____

NAME _____ SIGNATURE _____
As it appears on the card. Please print.

Please mail this completed form along with payment.

Mailing address:

Milford Regional Healthcare Foundation
14 Prospect Street, Milford, MA 01757

For more information, contact the Foundation Office at 508.422.2228 or foundation@milreg.org.

