



Sponsorship COMMITMENT FORM

Company/Donor Name

Main Contact Name

Mailing Address

City

State

Zip

Business Phone

Email

I wish to support the Croquet for a Cure at the level indicated below:

SPONSORSHIP OPPORTUNITIES

Presenting Sponsor | \$50,000

Grand Champion | \$25,000

Croquet Court | \$10,000

I/we are unable to attend. Please accept this donation of \$

WINNER'S CIRCLE SPONSORS

Band | \$5,000

Champagne Tasting Bar | \$5,000

Courtside Bar | \$5,000

Poolside Bar | \$5,000

Practice Green | \$5,000

Raffle | \$5,000

Thank You Gift | \$5,000

Valet | \$5,000

LAWN PARTY SPONSORS

Light The Night | \$2,500

Custom Champagne Project | \$2,500

Décor | \$2,500

Havana Station | \$2,500

Honor Wall | \$2,500

Hydration Station | \$2,500

Marketing | \$2,500

New Adventure Croquet Game | \$2,500

Photo Selfie Wall | \$2,500

Photographer | \$2,500

Player Gifts | \$2,500

Portrait Patron | \$2,500

Program | \$2,500

Player Score Card | \$2,500

Tournament Championship

Award | \$2,500

Wickets | \$1,500

PAYMENT OPTIONS

Credit Card payments and register online at www.HonorHealthFoundation.org/croquet

Please invoice me

Wire Transfer (ACH) (please ask for transmittal instructions)

Check Enclosed, **Make check payable to HonorHealth Foundation**, Note: C4C

Mail check to: HonorHealth Foundation, 8125 N. Hayden Road, Scottsdale, AZ 85258



SCAN TO
REGISTER
ONLINE

By electronically signing below you authorize the payment or charge(s) and agree to fulfill the terms of this HonorHealth Foundation sponsorship commitment.

Signature

Date