The Pittsburgh Chapter of The Buoniconti Fund to Cure Paralysis presents the

12th Annual Golf Tournament

Saturday, June 25, 2016

Carmichaels Golf Club - Carmichaels, Pennsylvania

Golf Shirt Sponsor - $2,000  **SOLD**
The Company or individual(s) will receive one foursome at the event. All event invitations, media, etc. will prominently display the Company or individual(s), and a sign will be displayed thanking you as the Golf Shirt Sponsor at the event.

Food & Beverage Sponsor - $2,000
The Company or individual(s) will receive one foursome at the event. All event invitations, media, etc. will prominently display the Company or individual(s), and a sign will be displayed thanking you as the Food & Beverage Sponsor at the event.

Hat Sponsor - $1,200  **SOLD**
The Company or individual(s) will receive two player spots. All event invitations, media, etc. will prominently display the Company or individual(s), and a sign will be displayed thanking you as the Hat Sponsor at the event.

Hole In One Sponsor - $500
The Company or individual(s) will receive two player spots. All event invitations, media, etc. will prominently display the Company or individual(s), and a sign will be displayed thanking you as a Hole In One Sponsor at the event.

Custom Tee Signage Sponsor - $100
The Company or individual(s) will be included in sponsor listings, and a sign will be displayed thanking you as a Tee Signage Sponsor at the event.

Custom Pin Flag Sponsor - $100
The Company or individual(s) will be included in sponsor listings, and a sign will be displayed thanking you as a Pin Flag Sponsor at the event.

Gift In Kind Sponsor
The Company or individual(s) donates an item(s) for our Auction, Drawing or Hospitality Bag. A sign will be displayed thanking you as a Gift-In-Kind Sponsor at the event. Depending on the value of goods, benefits will equal status above.

*All sponsor benefits are based on confirmation and print deadlines.

**Foursome - $400**  **Individual Player - $100**

For information on sponsorship opportunities, please contact Jim Hoy, Volunteer Regional Director of the Pittsburgh Chapter, at (724) 966-8450 or Kristin Wherry, Director of National Chapters, at (305) 243-3863.
The Pittsburgh Chapter of The Buoniconti Fund to Cure Paralysis presents the
12th Annual Golf Tournament
Saturday, June 25, 2016
Carmichaels Golf Club - Carmichaels, Pennsylvania

<table>
<thead>
<tr>
<th>Sponsorship Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food &amp; Beverage Sponsor</td>
<td>$2,000</td>
</tr>
<tr>
<td>Custom Tee Signage Sponsor</td>
<td>$100</td>
</tr>
<tr>
<td>Foursome</td>
<td>$400</td>
</tr>
<tr>
<td>Gift In Kind Sponsor</td>
<td></td>
</tr>
<tr>
<td>Golf Shirt Sponsor - SOLD</td>
<td></td>
</tr>
<tr>
<td>Hole In One Sponsor</td>
<td>$500</td>
</tr>
<tr>
<td>Custom Pin Flag Sponsor</td>
<td>$100</td>
</tr>
<tr>
<td>Individual Player</td>
<td>$100</td>
</tr>
<tr>
<td>Donation</td>
<td></td>
</tr>
<tr>
<td>Gift In Kind Sponsor</td>
<td></td>
</tr>
<tr>
<td>Hat Sponsor - SOLD</td>
<td></td>
</tr>
</tbody>
</table>

Donor Information

Donor’s name: ________________________________________________________________
Company name: ______________________________________________________________
Billing Address: _____________________________________________________________
City, State, Zip: ____________________________________________________________
Phone: __________________________________ Fax: _____________________________
Email: ________________________________________________________________

Gift in Kind or Auction Item Description: ______________________________________
____________________________________________________________________________
Value: $__________________ Expiration Date: ________________________________

☐ I am unable to attend, please find enclosed my donation of $__________.

☐ Enclosed is my check made payable to: The Buoniconti Fund to Cure Paralysis

☐ Please charge my credit card for the amount of $__________

☐ Corporate or ☐ Personal credit card

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Account #: ___________________________ Exp Date: _____ / _____ Sec Code: ______
Name on Card / Signature: ______________________________________________________
*Please note the company name and/or individual above for the credit card billing.

Please return form, no later than June 15, 2016, to: James Hoy
556 Jacobs Ferry Road
Carmichaels, PA 15320

The official registration and financial information of The Buoniconti Fund to Cure Paralysis may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsements. Federal tax id #65-0244316. Your donation, less $65.00 per golfer, is tax deductible.