

# 17<sup>th</sup> Annual Wesley Open

Capetown Woods Golf Club  
Monday, September 14, 2009

## Response Form

Please complete and return this form, by **August 15, 2009** to ensure that your organization is included in all of our promotional materials to:

Tamara Coleman-Lawrie  
Wesley Urban Ministries  
195 Ferguson Avenue North  
Hamilton, ON L8L 8J1

Phone: 905-528-5629 ext 244  
Fax: 905-528-9977  
tamara.coleman-lawrie@wesleyurbanministries.ca

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Office Number \_\_\_\_\_ Facsimile \_\_\_\_\_

Email \_\_\_\_\_

We would like to become a **Sponsor** in the following way (please check all that apply):

- Platinum Partner**      **\$5000**                       **Gold Sponsor**                      **\$2500**
- Silver Sponsor**                      **\$1500**                       **Bronze Sponsor**                      **\$1250**
- Dinner Sponsor** (max 5)      **\$1000**                       **Lunch Sponsor** (max 2)      **\$ 750**

- Cart Sponsor:**      \_\_\_\_\_ carts at \$500 for 10 carts (max 7)
- Hole Sponsor:**      \_\_\_\_\_ hole(s) at \$200 each    1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

If your sponsorship entitles you to signage: Do you have your own?    Yes / No  
(Wesley will help develop signs for those organizations which do not have any available.)

All sponsors will be recognized publicly and in print unless otherwise requested.

I wish to remain anonymous

**Prize Donor:**                      (Please list a **value for each item** donated to determine if a tax receipt can be issued.)

(please list donations)

1.	_____	Value	_____
2.	_____	Value	_____
3.	_____	Value	_____

**Golfer Participation:**      \_\_\_\_\_ golfer(s) at \$175 per golfer    **OR**      \_\_\_\_\_ foursome(s) at \$700 per foursome  
**List all golfers names and circle shirt sizes when registering - (if your shirt size is not provided you will not be guaranteed your size)**

Golfer tax receipts to:

<input type="checkbox"/> Individuals or	1.	_____	XL	L	M	S	Other	_____
<input type="checkbox"/> Company	2.	_____	XL	L	M	S	Other	_____
	3.	_____	XL	L	M	S	Other	_____
	4.	_____	XL	L	M	S	Other	_____

I am unable to participate but would like to make a **Donation:** \$ \_\_\_\_\_

### Payment Options

- Cheque (please make cheques payable to Wesley Urban Ministries Inc.)
- Credit Card                      Type:     Visa                       Mastercard

Name on Credit Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_