



LITTLETON REGIONAL HEALTHCARE
25th Annual Dr. Moose Golf Tournament – Virtual Event
Friday – August 21, 2020

EVENT SPONSOR REPLY FORM

I/We want to sponsor this fund raising event at the following level:

SPONSOR & PLAYER GIVING OPPORTUNITIES for COVID-19 RELIEF

| | |
|----------|---|
| \$10,000 | Healthcare Hero Support (One available) |
| \$5,000 | Frontline Staff Support (Two available) |
| \$2,500 | Personal Protective Equipment Support (Four available) |
| \$1,500 | On-Campus Testing Site Support (Five available) |
| \$1,000 | Meals for LRH Staff Support (Five available) |
| \$500 | COVID-19 and Antibody Testing Support (Ten available) |
| \$250 | LRH Incident Command Team Support (Ten available) |
| \$100 | Friend of LRH Support – Unlimited |

Sorry, we cannot be a sponsor, but our gift of \$ _____ is enclosed.

Check is enclosed for \$ _____ made payable to **Littleton Regional Healthcare**

Payment by Credit Card: Visa MasterCard Discover American Express

Card # _____ Exp. _____ / _____ CVV: _____

Company: _____

Company Address: _____

Authorized signature: _____

Email (to send credit card receipt to): _____



LITTLETON REGIONAL HEALTHCARE
Virtual Player Registration Form
25th Annual Dr. Moose Golf Tournament
Friday – August 21, 2020

Team Name: _____

Company Name: _____
(As you would like it to appear in marketing materials)

Company Address: _____

Players

Name: _____

Address: _____

Phone: _____ Email: _____

1. Name: _____

Address: _____

Phone: _____ Email: _____

2. Name: _____

Address: _____

Phone: _____ Email: _____

3. Name: _____

Address: _____

Phone: _____ Email: _____

Return form to:

Gail Clark, Director of Marketing & Community Relations

gclark@lrhcares.org ♦ (603) 444-9304 ♦ 600 St. Johnsbury Road ♦ Littleton, NH 03561

If you do not wish to receive future fundraising appeals, please contact us at (603) 444-9304 or gclark@lrhcares.org