

**RIVMA Companion Animal Foundation 7<sup>th</sup> Annual Golf Classic**  
**The Misquamicut Club**  
**September 23, 2010 at 11:00 am**

**Sponsorship Opportunities**

**Hero Sponsorship \$5,000**

- Company representative may address group at luncheon
- Banner with your company's name and logo at welcome desk
- Full-page ad in event program
- Advertisement on Dr. Dan Simpson's Pet Talk Radio Show
- \$100 gift certificate to The Misquamicut Club Pro Shop
- A golf foursome

**Best Friend Sponsorship \$2,500**

- Banner with your company's name and logo at welcome desk
- Half-page ad in event program
- \$100 gift certificate to The Misquamicut Club Pro Shop
- A golf twosome

**Companion Sponsorship \$1,000**

- Large tee sign at hole with your company name and logo
- Quarter-page ad in event program
- \$100 gift certificate to The Misquamicut Club Pro Shop

**Supporter Sponsorship \$300**

- Tee sign with company name at hole OR sign on tennis court

*All sponsors receive recognition in all printed materials. Copy must be submitted for program book by September 1<sup>st</sup>.*

**Player Opportunities**

**Individual Player: \$250 by 8/15; \$300 after 8/15 Foursome: \$1,000 Tennis: \$100 (Circle: Advanced, Intermediate, Novice)**

*Includes greens fees to one of RI's most beautiful and elite golf courses, cart, full lunch, open bar after the tournament and hot and cold hors d'oeuvres.*

**Please register early as this event sells out quickly!**

Please complete and mail this form with your payment or go online at [www.companionanimalfoundation.org](http://www.companionanimalfoundation.org).

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

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

Address \_\_\_\_\_

Phone, fax, email \_\_\_\_\_

Enclosed is a check for \$\_\_\_\_\_ (payable to RIVMA CAF)

Please charge \$\_\_\_\_\_ to my credit card as follows:

\_\_\_ Amex      \_\_\_ MasterCard      \_\_\_ Visa      \_\_\_ Discover

Account number \_\_\_\_\_ Expiration \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Please list all players in Foursome (include contact information):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mail to: H.T. Wietsma, Wickford Veterinary Clinic, 7440 Post Rd., N. Kingstown, RI 02852 | For more information  
contact: H. Wietsma at 401-295-9739