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Payment Information

PAYMENT INFORMATION:

Please make checks payable to:

ACH FOUNDATION

Please charge a total of \$_____ to my:

__ Visa __ MasterCard __ Discover

Credit Card Number _____

Expiration Date (mm/yy): _____

Name as it appears on card _____

Authorized signature _____



Please complete payment information above and registration form on the other side and return with payment to:

Anderson County Hospital Foundation

C/O Accounting Department

PO Box 309, Garnett, KS 66032

Or email to:

achaccountspayable@saint-lukes.org

Phone: 785.204.8080

Fax: 785.204.8081

Player Registration Deadline:

September 6



16th Annual



2019 GOLF BENEFIT



Friday, September 20, 2019

**Garnett Country Club
Garnett, Kansas**

All proceeds support the future of health care in our community

"We make a living by what we get, but we make a life by what we give."

-Winston Churchill

Our Commitment

Anderson County Hospital Foundation is dedicated to the task of preserving our hospital, of lifting its compassionate spirit and maintaining the vision of hope for the future.

Our Mission

Acquisition of private donations for the sole purpose of promoting and advancing the welfare of Anderson County Hospital.

Anderson County Hospital Foundation is a 501(c)(3) not-for-profit organization.

Tax ID#48-1248606

Directions

From Ottawa on I-35 South or 56 Highway, take Highway 59 South to Garnett (this takes about 20 minutes from Ottawa). At the first traffic light, turn left onto Park Road. Go to North Lake Road and turn left into the park (the swimming pool will be on your left and the Garnett Recreation Center on the right). Follow North Lake Road to the Garnett Country Club entrance and turn right.

From Olathe on Highway 169 South to Garnett (this takes about One hour from Olathe) turn right at the first Garnett sign on Park Road. Go to North Lake Road and turn right into the park (the swimming pool will be on your left and the Garnett Recreation Center on the right). Follow North Lake Road to the Garnett Country Club entrance and turn right.



Events Schedule

Friday, September 20

**7:00 am REGISTRATION
PICK UP PLAYER GIFT
BREAKFAST**

8:30 am SHOT GUN START

11-1 LUNCH

CONTESTS

CLOSEST TO THE PIN

HOLE-IN-ONE

LONGEST PUTT

LONGEST DRIVE: MEN & LADIES

*Generous Prizes
and Great Competition!*
4-PERSON SCRAMBLE



Sponsorship Opportunities

As a sponsor you will enjoy a great day of golf, food and fun with fellow golfers, foundation members, hospital employees, and community volunteers. Please register for the sponsorship level that best suits your needs:

\$1500 Cart Sponsor (fair market value \$600)

- 4 golfers-includes green fees, mulligans & insurance, carts, lunch, gifts
- You or your organization's name displayed on the golf carts
- You or your organization's name displayed on signage in the clubhouse

\$1000 Hole Sponsor (fair market value \$450)

- 4 golfers-includes green fees, mulligans & insurance, carts, lunch, gifts
- You or your organization's logo on hole signs
- You or your organization's name displayed on signage in the clubhouse

\$500 Clubhouse Sponsor (fair market value \$300)

- 2 golfers-includes green fees, mulligans & insurance, carts, lunch, gifts
- You or your organization's name displayed in the clubhouse

Opportunities

\$100 Personal Contribution

- You or your organization's name in the clubhouse as a donor

\$340 "Aloha Package" (fair market value \$200)

- 4 golfers, includes green fees, mulligans & insurance, carts, lunch, gifts

\$85 "Tiki Hut Package" (fair market value \$60)

- 1 golfer, includes green fees, mulligans & insurance, carts, lunch, gifts

Please complete registration form and payment information on back side, and return with payment



Anderson County Hospital, Garnett KS

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Registration

____ Yes! I (We) would like to participate in the 16th Annual ACH Foundation Golf Benefit as one of the following supporters:

___ \$1500 Cart Sponsor ___ \$100 Contribution

___ \$1000 Hole Sponsor ___ \$340 Team

___ \$500 Clubhouse Sponsor ___ \$85 Player

\$ ___ Contribution ___ **Total Carts Needed**

Company or Individual: _____
Contact _____ Phone: _____

Golfer #1: _____
Phone: _____
Address _____
City, State, Zip _____

Golfer #2: _____
Phone: _____
Address _____
City, State, Zip _____

Golfer #3: _____
Phone: _____
Address _____
City, State, Zip _____

Golfer #4: _____
Phone: _____
Address _____
City, State, Zip _____

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