

Cut Here and Return →

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 registra-
tion form on the other
side and return with



Anderson County Hospital Foundation

C/O Accounting Department

PO Box 309, Garnett, KS 66032

achaccountspayable@saint-lukes.org

Phone: 785.204.8080

Fax: 785.204.8081

Player Registration Deadline:

August 31



15th Annual GOLF BENEFIT



“THE ST ANDREWS CLASSIC”

Friday
Sept. 14,
2018



Garnett
Country
Club

Garnett
Kansas

*All proceeds support the future of
healthcare 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 Founda-
tion 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 An-
derson County Hospital.

Anderson County Hospital Founda-
tion is a 501 C-3 non-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 in-
to the park (the swimming pool will
be on your left and the Garnett Rec-
reation 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 1 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 Recre-
ation Center on the right). Follow
North Lake Road to the Garnett
Country Club entrance and turn
right.



Events Schedule

Friday: September 14

7:00 am REGISTRATION
PICK UP PLAYER GIFT

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 donator

\$340 "The Links Package"

(fair market value \$200)

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

\$85 "The Castle 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**



Phone: 785-448-3131

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Registration

____ Yes! I (We) would like to participate in the 15th 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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