



**PINK ANGELS**  
MEMORIAL FOUNDATION

**Tennis Tournament**  
October 24, 2021

**MIDTOWN**  
ATHLETIC CLUB®



## Sponsorship Opportunities

<b>Title Sponsor</b>	<b>\$7,500</b>
Name/Logo on invitation and all printed materials, e-blasts and event signs. The option to have a display area at the event. 4 Doubles Teams to play at the Tournament.	
<b>Grand Slam Sponsor</b>	<b>\$5,000</b>
Name/Logo on invitation and all printed materials, e-blasts and event signs. The option to have a display area at the event. 3 Doubles Teams to play at the Tournament.	
<b>Spectator Sponsor</b>	<b>\$2,500</b>
Name/Logo on all printed materials, e-blasts and event signs. 2 Doubles Teams to play at the Tournament. 1 display sign at the event for marketing and display.	
<b>Court Sponsor</b>	<b>\$1,000</b>
Name/logo featured one of the tournament courts. 1 Doubles team to play at the Tournament.	
<b>Display Sponsor</b>	<b>\$500</b>
Name/ logo on printed materials and event signs. 1 display sign at the event for marketing and display.	
<b>Individual Player</b>	<b>\$50</b>
Round Robin Style Tournament. Food and Gift Package, 1 Raffle Ticket	



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- Individual Player

Company / Name to be recognized: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is a check for \$ \_\_\_\_\_ made payable to Memorial Foundation, ATTN: Touch of Pink

Please charge my: VISA Master Card AMEX

Card holder name: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return to:** Memorial Foundation  
Attn: Babette Ferre-Kosar  
3329 Johnson Street, Hollywood FL, 33021  
Phone: (954) 265-6438 Fax: (954) 966-6750  
Email: [bkosar@mhs.net](mailto:bkosar@mhs.net)

Additional information and payment may be made at [www.PinkAngelsofMemorial.org](http://www.PinkAngelsofMemorial.org).