



26th Annual Clara Barton Open Golf Tournament

Hosted by the Oxford Lions Club with proceeds benefiting children with type 1 diabetes at The Barton Center.

Friday, June 17, 2022

Pine Ridge Country Club, North Oxford, MA

The Barton Center is a non-profit 501(c)(3) organization.

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|-------|----------------|--|---|
| _____ | \$1,000 | Dinner Sponsor | <ul style="list-style-type: none"> • Foursome for golf and dinner, full page ad in program book (5" x 8"), and signage at dinner |
| _____ | \$750 | Cart Sponsor | <ul style="list-style-type: none"> • Full page ad in program book (5" x 8"), signage on golf carts used for the day |
| _____ | \$500 | Beverage Cart Sponsor | <ul style="list-style-type: none"> • Full page ad in program book (5" x 8"), signage on beverage cart on the course |
| _____ | \$200 | Tee Sponsor | <ul style="list-style-type: none"> • Full Page ad in program book (5" x 8") and signage on tee box |
| _____ | \$150 | Breakfast Sponsor | <ul style="list-style-type: none"> • Complimentary coffee and donuts for all players, signage at breakfast station |
| _____ | \$100 | 1/2 Page Ad in Program Book (5" x 4") | |

Please email black and white advertisements in jpeg, format to events@bartoncenter.org.
All sponsors and ads are due by June 1st.

I will donate the described item for the raffle and/or live auction: _____

I am unable to sponsor the event but would like to make a donation to benefit children with type 1 diabetes.
Enclosed is my donation of: \$ _____.

Checks payable to: The Barton Center for Diabetes Education, Inc.
Mail to: P.O. Box 356, North Oxford, MA 01537-0356



You may also purchase a sponsorship online. For the link go to: <https://www.bartoncenter.org/news-events/upcoming-events/>

For more info: Call: (508) 987-2056 x2000 • Email: events@bartoncenter.org • Web: www.bartoncenter.org

Sponsor Name: _____ **Telephone:** _____

E-mail: _____ **Contact Name:** _____

Mailing Address: _____

Please charge my credit card #: _____

Exp. _____ **3-digit security code:** _____

Cardholder Name: _____ **Authorization Signature:** _____

Cardholder Address: _____