Michigan Emergency Medicine Foundation Annual Golf Tournament Tuesday, July 29th

Grand Hotel – Mackinac Island

The Jewel



Golf Outing Sponsorship Form

Company Name (as it is to appear	on program material)					
Address						
City	State		Z	ZIP		
Phone						
Contact Person	Contact Email					
NAM	ES OF REPRESENTAT	IVE(S) TO I	BE PRESEN	IT:		
	the following options at the MEN	_		-	:	
\				Cart Sponsorship (provides free drinks to golfers)		
Gold Sponsor \$1,000 (19 th Hole Banque	t/Award Ceremony)					
	st to the Pin/Longest Drive (ition on sponsor board)	Sponsor - \$27	5 –			
Hole S	Sponsor - \$275 – (recognition	on sponsor board,	1			
	PLEASE RESPOND	BY JUNE	23, 2025.			
Authorized Exhibit Representa		Date				
This event supports the Michigan research, scholarship and the stratoward unique medical growth opyour written cancellation is receive	tegic goals of MCEP. Through portunities. The MEMF tax ID	the foundation s # is 20-1878821	cholarships ar . Cancellations	e awarded to re. must be reques	sident physicians ted in writing. If	
Payment Method:	□Check Enclosed	$\square ext{Maste}$	ercard	$\Box VISA$	\Box AMEX	
Card #		Exp. D	ate	Sec. Code		
Signature		Zip Code of Cardholder				

Please make check payable to and send originals to: