Dear Friends:

Please join us in our support of the Riverside, Southside, and Clay County Physician Giving Societies through your participation in our 15th annual Physicians Cup Golf Classic, May 24 on the King & Bear Course at The World Golf Village.

Proceeds from this tournament will be added to the physician-directed endowment funds. These funds are managed by a committee of providers that are committed to educating our clinicians, investing in new technology, and providing compassionate care with a special attention to those who are poor and vulnerable in our community.

Thanks to people like you and the selflessness of our physicians, who pledge between \$5,000 and \$20,000 to the cause, the Physician Giving Societies have been able to distribute over \$1.4 million in support of:

- Nurse and pharmacist scholarships
- Continued education
- International mission trips
- Medical supplies and technology
- Internal and outreach programs

We appreciate your support. Your gift makes a difference. Please review all the information in this packet and complete the enclosed forms. If you have any questions, please contact Wilshem Pennick at (904) 742-0487 or Wilshem.Pennick@ascension.org.

Sincerely,

Virginia Hall

President and CDO

Vugina Hall

Ascension St. Vincent's Foundation





PHYSICIANS CUP GOLF CLASSIC

Sponsorships Levels								
INCLUDES	1 PRESENTING \$10,000	1 ACE \$7,500	3 \$5,000	BIRDIE \$2,500	PAR \$1,500			
Naming Rights	$\overline{}$							
Number of Players	12	8	8	4	4			
Promotional Signs at event	$\overline{}$							
Logo or name on Golf Carts (exclusive)		\checkmark						
Sign with logo or name at one hole				\checkmark	$\overline{}$			
Logo or name on scorecard								
Logo or name on The Foundation's Website & Social Media			$\sqrt{}$	$\sqrt{}$				
Opportunity to give out promotional items								
Recognition in our Summer Newsletter				\checkmark				

World Golf Village King & Bear Course

May 24 at 9 a.m.

Benefiting the Physicians Giving Society







SPONSORSHIP CONFIRMATION FORM

Company or individual name		all sponsorship levels Scramble Format- Two Best Strokes Contact name		
Position Address				
Players Names	Handicap (Max 24)	Players 1	Names	Handicap (Max 24)
Payment Method:	(Make check payab	le to Ascension St.	Vincent's Four	ndation)
Amount: \$ C	hock anclosed Mas	storCard VISA	AMFX □ Plea	se send invoice
Credit Card #:			CV	
	Signature:			

Please secure your sponsorship by April 24. If you have any questions contact Wilshem Pennick at (904) 742-0487 or Wilshem.Pennick@ascension.org.

1 Shircliff Way, Second floor Jacksonville, FL 32204

