

SIGNATURE EVENTS

Golf Classic Monday, May 13, 2024 | Canoe Brook Country Club

Golf Classic Monday, June 10, 2024 | The Ridgewood Country Club

Walk for Awareness Sunday, October 20, 2024 | Overpeck County Park Amphitheater

Chairman's Circle \$100,000	Diamond Circle \$50,000	Platinum Circle \$30,000	Silver Circle \$18,000	Bronze Circle \$10,000
Golf Benefits Canoe Brook Country Club 4 Foursomes 4 Tee Sponsorships 4 Additional Dinner Tickets Golf Benefits The Ridgewood Country Club 2 Foursomes 4 Tee Sponsorships 4 Additional Dinner Tickets Walk Benefits Leader Sponsor	Golf Benefits Canoe Brook Country Club 3 Foursomes 3 Tee Sponsorships 4 Additional Dinner Tickets Golf Benefits The Ridgewood Country Club 2 Foursomes 3 Tee Sponsorships 2 Additional Dinner Tickets Walk Benefits Leader Sponsor	Golf Benefits Canoe Brook Country Club 1 Foursome/1 Twosome 2 Tee Sponsorships 2 Additional Dinner Tickets Golf Benefits The Ridgewood Country Club 1 Foursome 2 Tee Sponsorships 2 Additional Dinner Tickets Walk Benefits Leader Sponsor	Golf Benefits Canoe Brook Country Club 1 Foursome 2 Tee Sponsorships 2 Additional Dinner Tickets Golf Benefits The Ridgewood Country Club 1 Foursome 2 Tee Sponsorships Walk Benefits Champion Sponsor	Golf Benefits Canoe Brook Country Club 2 Golfers 1 Tee Sponsorship 2 Additional Dinner Tickets Golf Benefits The Ridgewood Country Club 2 Golfers 1 Tee Sponsorship Walk Benefits Advocate Sponsor

Secure your sponsorship early. Our signature events are very popular and the Golf Classic is first-come, first-served.

Together, We Will Make an Impact.

Name: _____ Company: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Daytime Phone: _____

I want to support the Englewood Health Foundation as a Caduceus Society sponsor.

My gift of \$ _____ will be made in 2024 at the following level:

Chairman's Circle • \$100,000 Diamond Circle • \$50,000 Platinum Circle • \$30,000 Silver Circle • \$18,000 Bronze Circle • \$10,000

My check payable to Englewood Health Foundation is enclosed.

Please charge my gift to Visa Mastercard Discover AmEx

Card Number: _____ Exp. Date: _____ Sec Code: _____

Name on Card: _____ Signature: _____ Date: _____

I/We would like my/our gift recognized and printed as follows (e.g., Mr. and Mrs. John Smith): _____

Please complete this electronic form and return to:

Englewood Health Foundation
 350 Engle Street | Englewood, NJ 07631
 Attn: Caduceus Society
 or Email Jessica.Segal@ehmchealth.org

For more information, please call 201.894.3498.

