

# 22nd Annual GOLF CLASSIC

ENGLEWOOD  
HEALTH  
FOUNDATION

*Please Join Us*

**Monday, June 9, 2025**

Ridgewood Country Club

96 W. Midland Avenue • Paramus, NJ

Please join the Englewood Health Foundation for the Annual Golf Classic, a signature fundraising event to benefit Englewood Health and the more than three million patients it serves annually. Participants will enjoy a day on the greens at the beautiful Ridgewood Country Club. Your support will create a meaningful impact on the future of healthcare in our community.

*Limited spots are available for this exclusive event; be sure to reserve yours today. We play rain or shine.*

**We look forward to seeing you soon!**

*Schedule  
of Events*

**11:00 am**

Registration & Lunch

**12:30 pm**

Shotgun Start

*Golfers will enjoy refreshments on the course throughout the day.*

**5:30 pm**

Dinner Reception

*All players welcome — jacket and tie not required.*

**RSVP by May 11**

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# 22nd Annual GOLF CLASSIC



## Sponsorships

- Dinner Sponsor • \$10,000
  - 2 Foursomes
  - Recognition as a Dinner Sponsor
  - 4 Tee Sponsorships
- Beverage Sponsor • \$7,500
  - 1 Foursome
  - Recognition as a Beverage Sponsor during Cocktail Reception and on Course Beverage Carts
  - 3 Tee Sponsorships
- Birdie Sponsorship • \$5,000
  - 1 Foursome
  - 2 Tee Sponsorships
- Golf Ball Sponsor • \$2,500\*  
*(Only 3 Available)*
  - Company Logo on Promotional Golf Ball Giveaway
- Golf Tee Sponsor • \$1,500\*  
*(Only 3 Available)*
  - Company Logo on Promotional Golf Tee Giveaway
- Golf Cart Sponsor • \$1,200  
*(Only 4 Available)*
  - Company Logo Signage on Golf Carts
  - Recognition during Dinner Program
- Bogey Sponsorship • \$1,000
  - 1 Tee Sponsorship
- Dinner Reception only • \$175

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*All sponsorships will be recognized on donor recognition platforms.*

***\*For Golf Ball and Golf Tee sponsors, deadline is May 20, 2025 to allow for production.***

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## Payment

- I am unable to participate. Please accept this contribution of \$\_\_\_\_\_.
- Enclosed is a check for \$\_\_\_\_\_ payable to Englewood Health Foundation.
- Please charge my credit card for the amount of \$\_\_\_\_\_.
  - Visa       Mastercard       Discover       Amex

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Card Number

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Expiration Date

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CVV

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Zip

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Name as it appears on card

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Signature

## Contact and Sponsor Information

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

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

Sponsor Recognition Listing (for event signage) \_\_\_\_\_

## Golfers

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**RSVP by May 11 • Space is Limited**

**ENGLEWOOD  
HEALTH**  
FOUNDATION

201.894.3725 • [foundation@ehmchealth.org](mailto:foundation@ehmchealth.org)  
[EnglewoodHealthFoundation.org](http://EnglewoodHealthFoundation.org)

*If you prefer not to be contacted by the Englewood  
Health Foundation, please call 201.894.3725 or  
email [foundation@ehmchealth.org](mailto:foundation@ehmchealth.org).*

