



2008 Golf Scramble and Wine Tasting Tour Fundraisers Sponsorship Opportunities

Please complete the following sponsorship form and return to: MAB Foundation, 819 N. Washington Ave., Lansing, MI 48906; FX: 517.484.5810 no later than **Thursday, May 22, 2008**.

Golf Scramble Fundraiser Information:

What: MAB Foundation Golf Scramble Fundraiser (18-holes)
When: Tuesday, July 15, 2008 - 8am modified shotgun start
Where: Betsie Valley Golf Course, Crystal Mountain Resort

Golf Sponsorship Information:

_____ **Hole Sponsor** (holes available on a first-come, first-served basis)

\$300

1st choice: _____ 2nd choice: _____ 3rd choice: _____

Includes: One sign at the beginning of the hole; Logo displayed on the MABF web site; in the MAB Newsletter, in the MABF newsletter and in annual conference promotional materials.

_____ **Golf Skills Hole Sponsor**

\$325

Closest to the Pin **Longest Drive**

Includes: One sign at the beginning of the hole; Logo displayed on the MABF web site; in the MAB Newsletter, in the MABF newsletter and in annual conference promotional materials.

_____ **Phantom Golfer Sponsor** - I do not wish to golf, but I would like to sponsor someone else to golf in my place.

\$150 per golfer (Includes: 18-holes, cart, greens fees and lunch. Proceeds go to the MABF)

Wine Tasting Tour of Leelanau Peninsula Fundraiser Information:

What: MAB Foundation Wine Tasting Tour Fundraiser (3-wineries on Leelanau Peninsula)
When: Tuesday, July 15, 2008 - 9am departure time; 12:30pm return time to Crystal Mountain
Where: Blackstar Farms, Leelanau Cellars and Shady Lane Cellars – all located on Leelanau Peninsula

Wine Tasting Tour Information:

_____ **Transportation Co-Sponsor**

\$300

Includes: One sign on the transportation viewed by all participants; Logo displayed on the MABF web site; in the MAB Newsletter, in the MABF newsletter and in annual conference promotional materials.

_____ **Phantom Wine Taster Sponsor** - I do not wish to attend, but I would like to sponsor someone else to attend in my place.

\$150 per taster (Includes: tastings at 3 wineries, transportation and lunch)

\$ _____ Total Amount Due (Proceeds go to the MAB Foundation and will be tax deductible)

Contact Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Contact Email _____

Payment Type: Check Credit Card

Check Number: _____ (Make checks payable to: **MAB Foundation**)

Credit Card Type (select one): AM MC VISA Discover

Card Number: _____ Exp. Date: _____

Authorized Signature: _____