



A proud member of Sinai Health System

SWINGING FOR SCHWAB GOLF OUTING

September 14, 2009 at Highland Park Country Club

COMMITMENT FORM

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

(email will be used only to confirm registration and to send any pertinent information regarding golf outing)

LEVEL OF SUPPORT

Yes, I/We are interested in supporting Schwab's Golf Outing at the following level:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tournament Sponsor \$15,000 | <input type="checkbox"/> Award Sponsor \$ 2,000 | <input type="checkbox"/> Full Page Journal Ad \$1,000 |
| <input type="checkbox"/> Premium Sponsor \$ 7,500 | <input type="checkbox"/> Photography Sponsor \$ 2,000 | <input type="checkbox"/> Half Page Ad \$ 500 |
| <input type="checkbox"/> Patron Sponsor \$ 5,000 | <input type="checkbox"/> Beverage Cart Sponsor \$ 1,500 | <input type="checkbox"/> Quarter Page Ad \$ 250 |
| <input type="checkbox"/> Birdie Sponsor \$ 2,500 | <input type="checkbox"/> Hole-in-One Sponsor \$ 1,500 | <input type="checkbox"/> Tee Sign \$ 500 |
| | <input type="checkbox"/> Basic Foursome \$ 1,000 | |

Individual Golfer \$250 _____
(Number of golfers)

Individual Lunch Only \$50 _____
(Number of Lunches)

Forms of Payment

- Personal/Company check - made payable to **Schwab Rehabilitation Hospital**
- Credit Card – American Express Discover MasterCard Visa
- Please bill me.

Card # _____ Exp. Date _____

Print name on card _____ Signature _____

Amount \$ _____ 3-4 Digit Security Code _____

Return completed form via fax to Attn: Development Office to 773-257-6044. SHS Caregivers may drop off completed form to Office of Development, Room F-125 (by California Ave employee entrance).