



METHODIST

18th Annual GOLF CLASSIC

presented by the Methodist Volunteers In Partnership (V.I.P.)

Tuesday, August 19, 2025 ■ Tiburon Golf Club

Two Flights: 7:30 AM (grab-and-go breakfast) and 1 PM (grab-and-go lunch)

Following Each Flight: To-go BBQ Sandwich Boxed Meal

At End of Day: Announcement of Winners and Prizes via Email

Opportunities for Support

- Platinum Hole Sponsor & Foursome \$1,900
exclusive signage at hole; 1 foursome; program recognition
- Platinum Hole Sponsor* \$1,000
exclusive signage at hole; program recognition
- Gold Hole Sponsor* \$600
shared signage at hole, 2 per sign; program recognition
- Silver Hole Sponsor* \$400
shared signage at hole, 3 per sign; program recognition
- Bronze Hole Sponsor* \$200
shared signage at hole, 4+ per sign; program recognition

Golfers:

- Foursome \$1,000
- Two Golfers \$500
- One Golfer \$250

Donation:

- Please accept my donation of \$ _____

**does not include golfer registration*

- Partner Sponsor (multiple available) \$10,000
2 foursomes, name on donor wall, logo on marketing materials, course signage & program, recognized during announcements.
- Leader Sponsor (multiple available) \$5,000
1 foursome, name on donor wall, logo on course signage & program, recognized during announcements.
- Breakfast Sponsor* (one available) \$3,500
Logo at breakfast location, course signage & program; recognized during announcements.
- Golf Cart Sponsor* (one available) \$3,000
Logo on golf carts, course signage & program; recognized during announcements.
- ~~Scorecard Sponsor*~~ *Secured* \$3,000
Logo on scorecard, course signage & program; recognized during announcements.
- ~~Post Golf Boxed Meal Sponsor~~ *Secured* \$6,000
1 foursome, Dinner Sponsor recognition on all boxed meals, course signage & program; recognized during announcements.
- ~~Beverage Cart Sponsor*~~ *Secured* \$3,500
Logo on Beverage Carts, course signage & program; recognized during announcements.
- ~~Lunch Sponsor*~~ *Secured* \$3,500
Logo at lunch location, course signage & program; recognized during announcements.

Name _____

Company: _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Flight preference: ___ Morning ___ Afternoon

Payment information

- Check enclosed, made payable to Methodist V.I.P.
- Please charge my:
 - Visa
 - MasterCard
 - Discover
 - AmEx

Name on Card _____

Card Number _____

Security Code _____ Exp. Date _____

**Please return to: Methodist V.I.P., Methodist Hospital, 8303 Dodge Street, Omaha, NE 68114
For more information, please contact Linda Rajcevich (402) 354-4522. linda.rajcevich@nmhs.org**