



**METHODIST**

# 19th Annual GOLF CLASSIC

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

**Tuesday, August 18, 2026 ■ 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 \$\_\_\_\_\_

- 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.
- Lunch Sponsor\* (one available) \$3,500  
Logo at lunch location, course signage & program; recognized during announcements.
- Hit for the Heart Sponsor\* (one available) \$3,000  
Logo at Hit for the Heart location, course signage & program; recognized during announcements
- Driving Range Sponsor\* (one available) \$3,000  
Logo at driving range location, course signage & program; recognized during announcements.
- ~~Post Golf Boxed Meal Sponsor~~ *Secured* \$6,000
- ~~Breakfast Sponsor\*~~ \$3,500
- ~~Beverage Cart Sponsor\*~~ \$3,500
- ~~Golf Cart Sponsor\*~~ \$3,000
- ~~Scorecard Sponsor\*~~ \$3,000

*\*does not include golfer registration*

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**