



Sponsorship Levels

**Experience, Inc. Your Local Area Agency on Aging
presents our 19th Annual
Four-Person Divisional Team Scramble
Proceeds Benefit Nutrition Services for our
Local Community Seniors in
Warren and Forest Counties
Blueberry Hill Golf Course
Monday, June 17th Registration 10:00 – Start 12:00**

- **Green- (\$50)** 24x9 sign of your Company's name posted on golf course
- **Hole – (\$100)** 24x18 sign of your Company's name & logo posted on golf course and recognized in the Golf Program
- **4 Person Team - \$260** Includes: Cart, Green Fees, Lunch, BBQ Dinner, and Lots of Prizes!
- **Silver-(\$250 & up)**
24x18 sign of your Company's Name & Logo posted on golf course
Recognized in Golf Program
Recognized in newspaper ad
- **Gold-(\$500 & up)**
24x18 sign of your Company's Name & Logo posted on golf course
Recognized in Golf Program
Recognized on Experience, Inc. Facebook & Website
Recognized in newspaper ad
Proximity prize award in your company's name
- **Corporate-(\$1500 & Up)**
24x18 sign of your Company's Name & Logo posted on golf course
Recognized in Golf Program
Recognized on Experience, Inc. Facebook & Website
Recognized in newspaper ad
Proximity prize award in your company's name
Company name & Logo on event banner
4 person team entered in golf tournament to represent your company

Contact Information

Experience, Inc.
905 4th Ave
Warren, PA 16365
814-723-3763 Ext.175
www.experienceinc.org
kwilson@experienceinc.org
EIN#25-1195238

Thank You for Your Sponsorship!



Your Donation is Tax Exempt!

Experience, Inc. Golf Benefit Tournament
Sponsorship Commitment Form
Experience, Inc. is a Non-Profit Organization. Your Donation is Tax Exempt.

Business Name: _____

Address: _____ City _____ State _____ Zip Code _____

Contact Name: _____ Phone Number: _____

Email: _____

Sponsorship Level (Please Select Sponsorship Level/Levels and Enter the Total on the Line Indicated)

____ \$50 Green

____ \$100 Hole

____ \$260-Team Only-4 person Scramble

____ \$250 & Up (Silver)

____ \$500 & Up (Gold)

____ \$1500 & Up (Corporate)

____ Gift Card Amount or Value of Item Donation

List Team member Names and Select Division ___ Men's ___ Ladies, ___ Mixed, ___ Seniors (60 & over)
(Please Print)

1. _____ 2. _____

3. _____ 4. _____

Method of payment:

____ Sponsorship Check enclosed made payable to Experience, Inc. EIN#25-1195238
905 4th Ave.
Warren, PA 16365

____ Send Invoice to: _____

***Thank you for your support from our
local community senior citizen's in need
and from Experience, Inc.!***