



Larry Carr
Memorial Golf Tournament

Partnership Form
May 23, 2024

Name/Organization: _____

Address: _____

Email: _____ Phone: _____

We would like to support the fall event as follows:

- Presenting - \$15,000 Masters - \$10,000 Champion - \$5,000
 Classic - \$2,500

Supporters:

- Golf Carts - \$2,500 Golf Lunch - \$2,500 Golfer Gifts - \$2,500 Beverage Carts - \$1,500
 19th Hole Reception - \$2,000 Valet - \$1,000 Golf Beverages - \$1,500
 Putting Contest - \$1,000 Golf Refreshments - \$500
 Sorry, I am unable to participate, but my donation of \$ _____ is enclosed

Enclosed is my check for \$ _____
(Please make checks payable to BMH Foundation)

Charge my credit card for \$ _____

- American Express MasterCard Discover Visa

Name as it appears on the card: _____

Card No.: _____ Exp. Date: _____ CVV: _____

Signature: _____

*Please return this form to **BMH Foundation • PO Box 2401, Bakersfield CA 93303***

*For more information email: contactbmhf@dignityhealth.org or call **661-541-0190***

Tax ID #95-3555043



**Bakersfield Memorial
Hospital Foundation**