



# 31<sup>st</sup> Annual Leonard Ugelow Memorial GURWIN CLASSIC

*honoring*

THE FURST & EYSLER FAMILIES

August 26, 2019  
GLEN OAKS CLUB  
OLD WESTBURY

## Sponsorship Opportunities

All sponsors will receive prominent recognition on our Event Sponsor Board, Commemorative Scroll of Honor and in the event program. All golf and tennis reservations include breakfast, lunch and dinner.

\$50,000 Classic Sponsor  
*Includes 8 golf, 8 tennis and 8 dinner reservations.*

\$36,000 Eagle Sponsor  
*Includes 6 golf, 6 tennis and 6 dinner reservations.*

\$25,000 Birdie Sponsor  
*Includes 4 golf, 4 tennis and 4 dinner reservations.*

\$18,000 Ace Sponsor  
*Includes 2 golf, 4 tennis and 4 dinner reservations.*

\$10,000 Tournament Sponsor  
*Includes 2 golf, 2 tennis and 2 dinner reservations.*

## Scroll of Honor

\$5,000.....Champion

\$2,500.....Advocate

\$1,000.....Donor

\$3,600.....Fellow

\$1,800.....Supporter

\$ 500.....Friend

Name/Contact Person \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Daytime phone ( ) \_\_\_\_\_ Solicited By \_\_\_\_\_

Please provide your name OR company name exactly as it is to appear on the Scroll of Honor:

\_\_\_\_\_

Please do not include my name on the Scroll of Honor.

Return by August 16 and make your check payable to:

GURWIN JEWISH HEALTHCARE FOUNDATION  
68 Hauppauge Road • Commack, New York 11725  
(631)715-2566 • Fax (631)715-2940

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
CARD #: _____		
EXPIRATION DATE: _____		
CARDHOLDER'S SIGNATURE: _____		

Send questions and completed forms to: [cfitzpatrick@gurwin.org](mailto:cfitzpatrick@gurwin.org)