

*I will be bringing _____ Dinner Guests

*required information

_____*Telephone _____*E-mail _____*City _____*State _____*Zip Code _____*Address _____*Company/Firm _____*Name of Golfer _____*Golf Handicap

_____*Telephone _____*E-mail _____*City _____*State _____*Zip Code _____*Address _____*Company/Firm _____*Name of Golfer _____*Golf Handicap

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— CELEBRATING TEN YEARS —

PINK is the new GREEN®

Cure Breast Cancer Golf Classic
 10th Year Anniversary Celebration
 Monday, June 19, 2017
 Mountain Ridge Country Club
 West Caldwell, New Jersey
 Remarks by Larry Norton, MD



Please join us for the Tenth Annual

CURE BREAST CANCER GOLF CLASSIC

to support research of the Self-Seeding Theory of Breast Cancer
under the direction of Larry Norton, M.D.

Monday, June 19, 2017

Mountain Ridge Country Club, West Caldwell, New Jersey

Hot Pink Sponsor @ \$60,000

4 Foursomes for Golf
16 Guests at Reception
4 Participants in Winner Take All Chip Off
Hot Pink Page in Ad Journal
16 Raffle Tickets

Pink Ribbon Sponsor @ \$30,000

2 Foursomes for Golf
8 Guests at Reception
2 Participants in Winner Take All Chip Off
Pink Page in Ad Journal
8 Raffle Tickets

Strength Sponsor @ \$20,000

2 Foursomes for Golf
8 Guests at Reception
1 Participant in Winner Take All Chip Off
Strength Page in Ad Journal
8 Raffle Tickets

Courage Sponsor @ \$12,000

1 Foursome for Golf
4 Guests at Reception
1 Participant in Winner Take All Chip Off
Courage Page in Ad Journal
4 Raffle Tickets

Golf Foursome @ \$6,800

4 Golfers and Guests at Reception
Full Page in Ad Journal
4 Raffle Tickets

Golfer @ \$1,800 each

Individual Golfer and Guest at
Reception
1 Raffle Ticket

Each Sponsor to receive one reserved
table for reception dinner.

*Name _____ *Golf Handicap _____
(as you wish to appear in the program/ad journal)

Company/Firm _____

*Address _____

*City _____ *State _____ *Zip Code _____

*Telephone _____ *E-mail _____

Enclosed is a check in the amount of \$ _____

Please make your check payable to *Cure Breast Cancer Foundation, Inc.*

I am unable to attend but would like to make a fully tax-deductible contribution to the Cure Breast Cancer Foundation, Inc.

Please charge my credit card for \$ _____

American Express MasterCard Visa

*Card No. _____ *Exp. Date _____

*Security Code _____ *Signature _____

**required information*

Please respond by June 1, 2017

First come, first served. Golf limited to 112 players. Dinner limited to 300 guests including golfers. All but \$600 of the ticket price per golfer is tax-deductible.