



Salem Fire Foundation
Golf Tournament
Creekside Golf Club
Sept. 6, 2024



2024 Golf Tournament Sponsor Opportunities

SPONSOR LEVEL	BENEFITS
CHIEF'S CIRCLE (TITLE SPONSOR) \$10,000	<ul style="list-style-type: none">• Logo on social media and website• Logo on printed materials• Sponsorship of a green or tee-box• Booth at kick-off area• Signage on course• Two 4-person golf teams + 4 carts• Branded items in swag bags for players
BATALLION CHIEF \$5,000	<ul style="list-style-type: none">• Logo on social media and website• Logo on printed materials• Sponsorship of a green or tee-box• Option to set up event table/booth on course• One golf team + 2 carts• Branded items in swag bags for players
CAPTAIN \$2,500	<ul style="list-style-type: none">• Logo on social media & website• Logo on printed materials• Option to set up event table/booth on course• One golf team + 2 carts• Branded items in swag bags for players
FIREFIGHTER \$1,000	<ul style="list-style-type: none">• Logo on social media and website• Sponsorship of a green or tee-box• Option to set up a shared event table/booth on course• Branded items in swag bags for players• Option to pay for a team
CADET \$500	<ul style="list-style-type: none">• Logo on social media and website• Sponsorship of a green or tee-box OR KP or long drive• Option to pay for a team



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2024 Sponsor Form for Salem Fire Foundations Golf Tournament

Sponsor Name (as you wish to see it in the media): _____

Contact Name: _____

By signing this form, I agree to sponsor this event: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Office Phone: _____ **Cell Phone:** _____

Email: _____

Please include your email address when using CC for receiving receipt!

Sponsorship Level (Check one please):

- Title Sponsor: \$10,000
- Battalion Chief Sponsor: \$5,000
- Captain Sponsor: \$2,500
- Firefighter Sponsor: \$1,000
- Cadet Sponsor: \$500

Payment Options: Please invoice me Check attached to this form Credit Card

TOTAL to be invoiced/billed: \$ _____

(Pay securely by credit card on www.SalemFireFoundation.org) **OR**

Card Number: _____

Exp. Date: _____ **CVV:** _____ **Zip:** _____

Cardholder Name: _____

Cardholder Signature: _____

Pay by check?

Please make check payable to:

Salem Fire Foundation
PO Box 2920
Salem, OR 97308-2920

Mail, or Email completed form to:

Salem Fire Foundation, PO Box 2920, Salem, Oregon 97308-2920
office@salemfirefoundation.org 503-371.7457 x300 Fax: 503-585-8547