



4 - PERSON BEST SHOT

# GOLF OUTING

## SPONSORSHIP FORM

\_\_\_ TOP FLITE \$5000+

\_\_\_ EAGLE \$2500

\_\_\_ DRIVER \$1000

\_\_\_ HOLE \$500

\_\_\_ SUPPORTER \$250

\_\_\_ Please contact me about making an in-kind donation of:

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ORGANIZATION/NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

PLEASE COMPLETE THIS FORM & RETURN TO:

Jackson County Hospital Foundation  
attn: Katie Bopes  
601 Hospital Drive  
Maquoketa, IA 52060  
katie.bopes@mercyone.org | 563-652-7751

Top Flite, Eagle, Driver, and Hole level sponsors, please email logo to [katie.bopes@mercyone.org](mailto:katie.bopes@mercyone.org).

To ensure proper advertising & signage, please return this form no later than August 1, 2026.