

The Rafu Shimpo Foundation 2015 Charity Golf Classic

Monday, March 30, 2015

SOUTH HILLS COUNTRY CLUB
2655 South Citrus Street, West Covina, CA 91791

NAME _____

COMPANY/ORGANIZATION _____

SPONSOR NAME _____

(as you wish to appear on printed materials and signage)

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ CELL _____ FAX _____

EMAIL _____

PREFERRED CONTACT METHOD Phone Email US Mail

The following worthy organizations will receive support from this year's Charity Golf Classic:

ASIANS FOR MIRACLE MARROW MATCHES (A3M)

EAST WEST PLAYERS

LITTLE TOKYO HISTORICAL SOCIETY

MY WISH LIST FOUNDATION

NIKKEI GAMES: GAMES FOR THE GENERATIONS

NISEI WEEK JAPANESE FESTIVAL (and more)

For more information, contact: Michael Komai (213) 453-9396

The Rafu Shimpo Foundation is a California nonprofit public benefit corporation. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Tax I.D. #61-143-1114

I/We wish to support the following

- PREMIER SPONSOR (16 GOLFERS) * \$25,000 = \$ _____
- TOURNAMENT SPONSOR (12 GOLFERS) * \$10,000 = \$ _____
- DIAMOND SPONSOR (8 GOLFERS) * \$ 7,500 = \$ _____
- PLATINUM SPONSOR (8 GOLFERS) \$ 5,000 = \$ _____
- GOLD SPONSOR (4 GOLFERS) \$ 2,500 = \$ _____
- SILVER SPONSOR (2 GOLFERS) \$ 1,250 = \$ _____
- BRONZE SPONSOR (1 GOLFER) \$ 650 = \$ _____
- INDIVIDUAL GOLFER \$ 275 = \$ _____
- TEE SIGN SPONSOR \$ 250 = \$ _____
- AWARDS DINNER SPONSOR \$ 2,000 = \$ _____
- RECEPTION SPONSOR \$ 1,500 = \$ _____
- LUNCH SPONSOR \$ 1,000 = \$ _____
- PHOTO SPONSOR \$ 750 = \$ _____
- BREAKFAST SPONSOR \$ 500 = \$ _____
- I wish to attend the dinner _____ Dinner(s) x \$ 50 = \$ _____
- I am unable to golf but wish to donate \$ _____

TOTAL \$ _____

- I would like to donate to the Silent Auction. Please contact me at:
email _____ phone _____

*—Company logo for these sponsors will appear on one of the gifts given to each golfer.

PAYMENT INFORMATION

Please complete and return this form, with payment, before the deadline of **Saturday, February 28, 2015** and mail to The Rafu Shimpo Foundation, Inc., 701 E. Third Street #130, Los Angeles, CA 90013-1789.

Enclosed is my check made payable to: Rafu Shimpo Foundation
Please charge my American Express MasterCard Visa

Card Number _____ Exp. Date _____ CVV# (code) _____

Name _____ Signature _____

Billing Address _____

GOLFER INFORMATION FORM

Please Print Clearly

Golfer #1

JACKET SIZE: MEN'S LADIES S M L XL XXL

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ CELL _____ FAX _____

EMAIL ADDRESS _____

- SELECT Callaway/Shamble format
FLIGHT Handicap/Medal Play (fill in information below)

SCGA # _____ Home Club _____

Index _____ (Maximum: Men 28.0, Women 33.0)

Golfer #2

JACKET SIZE: MEN'S LADIES S M L XL XXL

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ CELL _____ FAX _____

EMAIL ADDRESS _____

- SELECT Callaway/Shamble format
FLIGHT Handicap/Medal Play (fill in information below)

SCGA # _____ Home Club _____

Index _____ (Maximum: Men 28.0, Women 33.0)

Golfer #3

JACKET SIZE: MEN'S LADIES S M L XL XXL

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ CELL _____ FAX _____

EMAIL ADDRESS _____

- SELECT Callaway/Shamble format
FLIGHT Handicap/Medal Play (fill in information below)

SCGA # _____ Home Club _____

Index _____ (Maximum: Men 28.0, Women 33.0)

Golfer #4

JACKET SIZE: MEN'S LADIES S M L XL XXL

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ CELL _____ FAX _____

EMAIL ADDRESS _____

- SELECT Callaway/Shamble format
FLIGHT Handicap/Medal Play (fill in information below)

SCGA # _____ Home Club _____

Index _____ (Maximum: Men 28.0, Women 33.0)