



**SHWHS** **Mental Health Services**  
for Clark and Madison Counties, Inc.

A Culture of Compassion and Caring

Proud sponsor of the  
Max Graves Mental Health Open



*Mental Health Services, Inc.*  
**PO BOX 1124**  
**Springfield, OH 45501**



*Madison Avenue  
Pharmacy's  
Max Graves Mental  
Health Open*

*Wednesday, September 26, 2018  
1:00pm*

*REID PARK  
North Golf Course*



*The Open Benefits Restan, a Residential Program of  
Mental Health Service for Clark and Madison Counties.*

The MGMHO is set for Wednesday, September 26, 2018 at Reid Park North Golf Course. All proceeds from this exciting and fun event will benefit Restan Corp, a residential program of Mental Health Services for Clark and Madison Counties, Inc. Restan Corp is committed to high quality support services for the mentally ill members of our community.

I am inviting you to be a part of this year's event through sponsorship and participation. For your consideration, you will find the sponsorship opportunities, as well as a team registration form. I am asking that you please consider one of these sponsorship levels. If you select a sponsorship level that includes VIP and/or newspaper and print recognition, you can be assured that the exposure of your company name will be very prominent, at a very minimal cost!

So hurry, don't delay and be left out of this community's most popular golfing event. The 2018 Madison Avenue Pharmacy's Max Graves Mental Health Open! Thank you for your support!

Sincerely,  
Lynn Coressel, Tournament Chairman  
Madison Avenue Pharmacy's  
Max Graves Mental Health Open

PLEASE RETURN TO:  
Mental Health Services, Inc.  
P.O. Box 1124  
Springfield, OH 45501  
Fax: 937.521.1500

For more information contact:  
Lynn Coressel: 937.390.7980  
MaxGravesOpen@mhsec.org

WE LOOK FORWARD TO SEEING YOU  
WEDNESDAY, SEPTEMBER 26, 2018

Print as it is to appear in all forms of recognition.

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

CORPORATE SPONSOR: \$1,500 DONATION  
Catered tent with signage on the course  
4 player team  
After play refreshments, team & guests  
2 tee or green signs  
Newspaper & Print Recognition  
VIP Recognition at after play program

PRESTIGIOUS SPONSOR: \$700 DONATION  
4 player team  
After play refreshments  
1 tee or green sign  
Newspaper & Print Recognition

TEAM SPONSOR: \$500 DONATION  
4 player team  
After play refreshments

HOLE SPONSOR: \$100 DONATION PER SIGN  
tee or green signs

INDIVIDUAL GOLFER: \$125 DONATION  
1 player- teamed with other individual golfers  
After play refreshments

CONTRIBUTING SPONSOR: \$ \_\_\_\_\_  
or items to be used as prizes in the golf outing.  
Description of donation: \_\_\_\_\_



### Player Registration

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone#: \_\_\_\_\_

### PLAYER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:  
MAX GRAVES MENTAL HEALTH OPEN**

### VISA OR MASTER CARD PAYMENTS:

CARD #: \_\_\_\_\_  
EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SIGNATURE: \_\_\_\_\_