The Seventeenth Annual Golf Tournament 2022

FOR THE BENEFIT OF PROMOTING MEMBERSHIP TO

National Italian American Foundation

Monday, August 15, 2022 RSVP by Friday, August 5, 2022

Glen Oaks Club

175 Post Road, Old Westbury, N.Y. 11568

Please make checks payable to:

National Italian American Foundation

Send sponsorship payment to:

Wilson Elser
150 East 42nd Street, New York, N.Y. 10017
Attn: Nicholas Caiazzo



Sponsorship Opportunities

Check a box to select your level of sponsorship

Breakfast Sponsorship - \$4,500 Includes signage at breakfast	Golf Cart Sponsdrillip - \$3,500 Include Cardage on golf carts
Lunch Sponsorship - \$4,500 Includes signage at lunch	Caddy Sponsorship - \$2,500 Includes signage at putting green
Cocktail Reception Sponsorship - \$4,500 Includes signage at cocktail reception	Putting Green Sponsorship - \$2,500 Includes signage at putting green
Entertainment Sponsorship - \$3,500 Includes signage at cocktail reception	Golf "Give Away" Sponsorship - \$2,500 Includes signage at registration
Golf Award Prize Sponsorship - \$3,500 Includes signage at awards table	Golf Ball Sponsorship - \$2,500 Includes signage at putting green
Driving Range Sponsorship - \$2,500 Includes signage at driving range	Hole Sign Sponsorship - \$1,500 Includes signage at a hole

SIGNATURE

1860-19TH STREET, NW
AMB. PETER F. SECCHIA BLDG.
WASHINGTON, DC 20009-5501

Voice: 202/387-0600 FAX: 202/387-0800 WWW.NIAF.ORG

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the **National Italian American Foundation** to make a one time debit to your credit card listed below. Please write legibly.

By signing this form you give us permission to debit your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

	Amount	
Goods/Services Provided	7 II TI GUITT	
	Total	
Please complete the information below:		
Name:		_
Billing Address:		_
City, State, Zip:		_
Phone:		_
E-mail:		_
Account Type:		
Account Number:		
Expiration Date:		
I prefer to pay by: Cash Check		

I authorize the National Italian American Foundation to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

DATE _____