



— 28th Annual —  
HSHS St. Mary's Hospital  
**GOLF**  
OUTING

Monday, May 11, 2026

**SPONSORSHIP AND  
GOLF OPPORTUNITIES**



**HSHS  
St. Mary's  
Foundation**

— 28th Annual —  
**GOLF**  
**OUTING**

**Monday, May 11, 2026**

Rain date TBD

10 a.m. Brunch

11 a.m. Golf

Heavy hors d'oeuvres,  
beverages and prizes  
following play.

**COUNTRY CLUB  
OF DECATUR**

## **SPONSORSHIP LEVELS**

**Platinum Sponsor** **\$5,000**

**Includes:**

- Entry for two teams of four golfers
- Sponsorship banner at outing
- Hole and cart signage (2)
- Team mulligans and raffle tickets
- Recognition at the outing

**Gold Sponsor** **\$2,500**

**Includes:**

- Entry for one team of four golfers
- Hole and cart signage (1)
- Team mulligans and raffle tickets
- Recognition at the outing

**Silver Sponsor** **\$1,500**

**Includes:**

- Entry for one team of four golfers
- Hole and cart signage (1)

**Brunch Sponsor** *(1 available)* **\$1,500**

**19th Hole Sponsor** *(1 available)* **\$2,000**

**Hot Dog Sponsor** *(1 available)* **\$1,500**

**Team Play** **\$1,000**

**Individual Play** **\$250**

**Hole Sponsor** **\$150**





To register and make a payment online, scan the QR code or visit [stmarysdecatur.com/golf](http://stmarysdecatur.com/golf)

## Please check your desired sponsorship level.

- |  |  |
|--|--|
| <input type="checkbox"/> Platinum Sponsor  | <input type="checkbox"/> Hot Dog Sponsor |
| <input type="checkbox"/> Gold Sponsor      | <input type="checkbox"/> Team Play       |
| <input type="checkbox"/> Silver Sponsor    | <input type="checkbox"/> Individual Play |
| <input type="checkbox"/> Brunch Sponsor    | <input type="checkbox"/> Hole Sponsor    |
| <input type="checkbox"/> 19th Hole Sponsor |  |

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Contact name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Phone

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Email

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- ☐ Payment enclosed. (Make check payable to HSHS St. Mary's Foundation.)
- ☐ Please invoice me at the above address.
- ☐ I will be golfing individually. Please place me on a team.
- ☐ I will have a team of four golfers. List below or email Julie Moore  
***(Please include team captain's cell number in case of rain out.)***
- ☐ I can't attend, but will make a donation in the amount of: \$ \_\_\_\_\_

\_\_\_\_\_  
Team captain name and cell phone number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Deadline date is May 1, 2026.**

**Email [Julie.Moore@hshs.org](mailto:Julie.Moore@hshs.org) or call 217-433-0650 for more information.**

Please fold this card and mail in the return envelope supplied.

HSHS St. Mary's Foundation is an ongoing program of philanthropy, serving as a bond with our community.

We continue the mission of serving the sick and poor, established with the founding of St. Mary's Hospital in 1878.



Proceeds from the Golf Outing  
will support renovations at HSHS St. Mary's Hospital.

Your gift is tax-deductible to the fullest extent allowed by law. If you wish to have your name removed from our mailing list for fundraising requests supporting HSHS St. Mary's Foundation, call 217-464-5590 or write us a note and return using the enclosed envelope.