

27th Annual Nelcorp Make-A-Wish® Open

Sponsorship Opportunities



Monday, June 9, 2025

4101 Watson Blvd, Johnson City, NY 13790

Registration: 10:30 am / Shotgun Start: 12 noon

Sponsor information can also be found at
onecau.se/binghamtongolf25

Questions? Please contact Debbie Christiansen at dchristiansen@cny.wish.org

*All proceeds support wishes for local
children with critical illnesses.*

Make-A-Wish®
CENTRAL NEW YORK



Presenting Sponsor: \$15,000 **SOLD**
RESERVED



Wish Sponsor: \$9,000 (FMV \$1,055)

- Opportunity to host a display booth at event
- Inclusion in event press releases
- Logo on event website
- Mentions on Make-A-Wish Central New York social media platforms
- 8 Guest dinner tickets (sit down program)
- Tee/Green sign
- 2 Foursomes

Gift Sponsor: \$5,000 (FMV \$594)

- Opportunity to host a display booth at event
- Logo on event website
- Company logo incorporated in golfer gift
- Mentions on Make-A-Wish Central New York social media platforms
- 6 Guest dinner tickets (sit down program)
- Tee/Green sign
- 1 Foursome

Dinner Sponsor: \$3,000 (FMV \$528) **SOLD**

- Logo on event website
- Mention on Make-A-Wish Central New York social media platforms
- 4 guest dinner tickets (sit down program)
- Tee/Green sign
- 1 Foursome

Cart Sponsor: \$2,000 (FMV \$462)

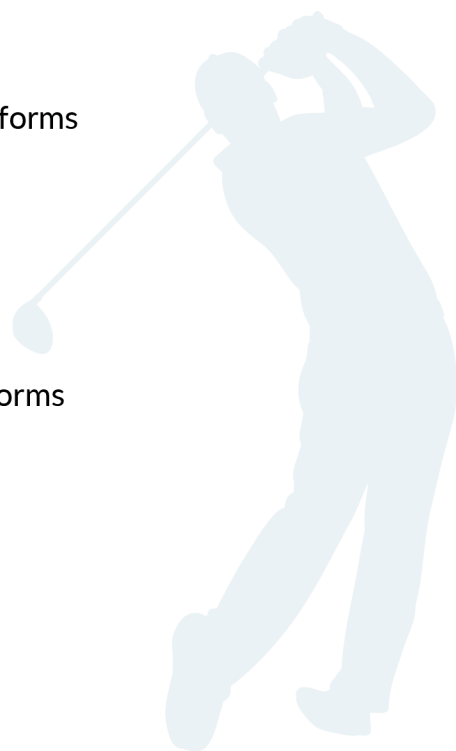
- Logo on event website
- 2 guest dinner tickets (sit down program)
- Name & logo displayed on professional sign on all golf carts
- Tee/Green Sign
- 1 Foursome

Raffle Sponsor: \$1,500 (FMV \$396) **SOLD**

- Logo placed on all raffle signage and displays
- Logo on event website
- Tee/Green Sign
- 1 Foursome

Golf Foursome: \$540

Tee/Green Sign: \$125



Join us for the 2025 Nelcorp Make-A-Wish Open

Sponsorship Level:

- ☒ \$15,000 - Presenting Sponsor
 ☒ \$3,000 - Dinner Sponsor
 ☐ \$540 - Foursome
☐ \$9,000 - Wish Sponsor
 ☐ \$2,000 - Cart Sponsor
 ☐ \$135 - Individual Golfer
☐ \$5,000 - Gift Sponsor
 ☒ \$1,500 - Raffle Sponsor
 ☐ \$125 - Tee/Green Sign

_____ Skins (\$20 per team)

_____ Mulligans (\$20 per team)

Company/Team Name: _____

Address: _____ Phone: _____

Contact: _____ Email: _____

Player Information: Required by May 28, 2025 (please include dietary restrictions for dinner.)

Name	Email	Phone	Check if staying for dinner.
1. _____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>



Payment Information:

Invoice me: _____

Please find enclosed my check for \$ _____

Check number: _____

Charge my: Mastercard Visa Discover AMEX

Address: _____

City, State, Zip: _____

Card Number: _____

Exp. Date: _____ CVC Code: _____

Name on card: _____

Please charge the following amount: \$ _____

Signature: _____

**Please complete this form and return Debbie Christiansen
by email to dchristiansen@cny.wish.org, or mail to:**

**Make-A-Wish Central New York
5005 Campuswood Drive
East Syracuse, NY 13057**

*If for any reason the event is canceled or postponed you will be
contacted and given the option to have your sponsorship refunded.*

Questions may be directed to dchristiansen@cny.wish.org

