

Cut here and return

Payment Information

Please make checks payable to:
ACH Foundation

For Charge Cards:

Charge a total of \$ _____

____ Visa ____ MasterCard ____ Discover

Credit Card Number _____

Expiration Date _____ Name as it appears on card _____

Authorized Signature _____

Please complete the registration form on the other side and return with payment to:

Anderson County Hospital Foundation
C/O Vicki Mills
PO Box 309, Garnett, KS 66032

OR

email to:
vmills@saint-lukes.org
Phone: 785.448.8011
Fax: 785.448.3118

Player Registration Deadline:
September 6, 2024



17th Annual Golf Benefit

Golf ♥ FORE
our foundation

We're Back!



Friday, September 13, 2024

Garnett Country Club
Garnett, Kansas

*All proceeds support the future
of health care in our community*

“

We make a living by
what we get, but we
make a life by what
we give.

-Winston Churchill

”

Our Commitment

Anderson County Hospital Foundation is dedicated to the task of preserving our hospital, of lifting its compassionate spirit and maintaining the vision of hope for the future.

Our Mission

Acquisition of private donations for the sole purpose of promoting and advancing the welfare of Anderson County Hospital.

Anderson County Hospital Foundation is a 501(c)(3) not-for-profit organization.

Tax ID#48-1248606

Directions

From Ottawa on I-35 South or 56 Highway:

1. Get on Hwy 59 and follow South to Garnett (this takes about 20 minutes from Ottawa).
2. At the first traffic light, turn left onto Park Rd.
3. Go to North Lake Rd and turn left (the swimming pool will be on your left and the Garnett Recreation Center on the right).
4. Follow North Lake Rd to the Garnett Country Club entrance and turn right.

From Olathe on Highway 169:

1. Follow Hwy 169 South to Garnett (this takes about one hour from Olathe)
2. Turn right at the first Garnett sign on Park Rd.
3. Go to North Lake Rd and turn right (the swimming pool will be on your left and the Garnett Recreation Center on the right).
4. Follow North Lake Rd to the Garnett Country Club entrance and turn right.



Events Schedule

Friday, September 13th

7:00am **Registration**
Pick up player gifts
Breakfast

8:00am **Shot gun start**

11am - 1pm **Lunch**

Contests

Closest to the Pin

Hole-In-One

Longest Putt

Longest Drive: Men & Ladies

4-Person Scramble



Generous prizes & great competition

Sponsorship Opportunities

As a sponsor you will enjoy a great day of golf, food and fun with fellow golfers, foundation members, hospital employees, and community volunteers. Please register for the sponsorship level that best suits your needs:

\$1500 Cart Sponsor

Fair market value \$600

- 4 golfers, includes green fees, mulligans & insurance, carts, lunch, gifts
- You/your organization's name displayed on the golf carts
- You/your organization's name displayed on signage in the clubhouse

\$1000 Cart Sponsor

Fair market value \$450

- 4 golfers, includes green fees, mulligans & insurance, carts, lunch, gifts
- You/your organization's name displayed on the hole signs
- You/your organization's name displayed on signage in the clubhouse

\$500 Cart Sponsor

Fair market value \$300

- 2 golfers, includes green fees, mulligans & insurance, carts, lunch, gifts
- You/your organization's name displayed on signage in the clubhouse

\$100 Personal Contribution

- You or your organization's name in the clubhouse as a donor

\$340 Team Package

Fair market value \$200

- 4 golfers, includes green fees, mulligans & insurance, carts, lunch, gifts

\$85 Player Package

Fair market value \$60

- 1 golfer, includes green fees, mulligans & insurance, carts, lunch, gifts

Please complete registration form and the payment information on the back side, and return with payment



Anderson County Hospital, Garnett, KS

Payment Information

____ Yes! I (We) would like to participate in the 17th Annual ACH Foundation Golf Benefit as one of the following supporters:

- ____ \$1500 Cart Sponsor ____ \$100 Contribution
- ____ \$1000 Hole Sponsor ____ \$340 Team
- ____ \$500 Clubhouse Sponsor ____ \$85 Player

| | |
|--------------------------------|------------------|
| _____ Company or Individual | |
| _____ Contact Name | _____ Phone # |

| | |
|---------------------------|------------------|
| _____ Golfer #1 | _____ Phone # |
| _____ Address | |
| _____ City, State, Zip | |

| | |
|---------------------------|------------------|
| _____ Golfer #2 | _____ Phone # |
| _____ Address | |
| _____ City, State, Zip | |

| | |
|---------------------------|------------------|
| _____ Golfer #3 | _____ Phone # |
| _____ Address | |
| _____ City, State, Zip | |

| | |
|---------------------------|------------------|
| _____ Golfer #4 | _____ Phone # |
| _____ Address | |
| _____ City, State, Zip | |

Payment information on back side