



June 10, 2024
Grand Haven



EVENT	Level	Sponsorships Available
Top Gun Event Sponsor	\$8,000	Until we accomplish our mission!
Squadron Commander Event Sponsor	\$5,000	Until we accomplish our mission!
Fleet Admiral Sponsor	\$2,500	Until we accomplish our mission!
Branded Ball Sponsor	\$5,000	1 available
Bag Tag Sponsor	\$5,000	1 available
Breakfast Registration	\$1,000	1 available
Hole Sponsor	\$1,000	21 available
Longest Drive	\$1,750	1 available
Lunch at the Turn	\$2,500	1 available
Putting Contest with Beverage Station	\$2,500	0 available
Beverage Cart	\$1,750	2 available
Cocktail Reception	\$2,000	1 available
Dinner	\$3,500	1 available

All sponsorships include but are not limited to: signage and recognition at the event, name in promotional materials, and recognition in the weekly CBM Connect (e-newsletter), CBM website and in our CBM magazine, Community Spirit.

Top Gun and Squadron Commander Sponsorships include all meals, cocktail reception, and paid golf for four people.

Branded Ball and Bag Tag Sponsorships include all meals, cocktail reception, and paid golf for two people.

All other sponsors are guaranteed a reserved spot in the golf outing, however, you must also register and pay for golf separately. Please let us know if you do *not* wish to golf as golf spots are limited.



American Dunes – Folds of Honor
American Dunes, Grand Haven
June 10, 2024



COUNT US IN!

For the best return on your Sponsorship investment and for optimum exposure, please return this form together with your payment by Monday, May 6, 2024.

Sponsorship: _____ **Amount:** _____

Event selections for sponsorships will be awarded on a first come, first served basis. In order to process your sponsorship application, please complete all of the information below.

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Contact Name & Title: _____

Contact E-mail: _____ **Contact Phone:** _____

Payment method:

☐ Check Enclosed. Please make checks payable to: Community Bankers of Michigan.

☐ Credit Card

Credit Card Information ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Card Holder Name _____

Credit Card Number _____ **Expiration Date** _____ **SEC CODE** _____

☐ Please invoice me (CBM Members Only)

Complete and return with your payment to:
Community Bankers of Michigan
830 W. Lake Lansing Road, Suite 250, East Lansing, MI 48823
Phone: 517-336-4430 • Fax: 517-336-7833