



June 2016

Dear NJCF Supporters:

WE NEED YOUR SUPPORT!

P.O. Box 549
Franklin Lakes, NJ 07417
(201) 891-4480

Hopefully you are planning to play in the NJCF Annual Golf Outing that will take place at Canoe Brook Country Club, Summit, NJ on August 22, 2016. We appreciate your support and are looking forward to providing you and your guests with a truly unforgettable experience at Canoe Brook Country Club, one of New Jersey's premier golf facilities.

2015-2016

Chairman

John Gomez, CCM
Echo Lake Country Club
555 Springfield Avenue
Westfield, NJ 07090

Vice-Chairman

Albert Costantini, CCM., CCE
Canoe Brook Country Club
1108 Morris Turnpike
Summit, NJ 07901

Secretary/Treasurer

Andrew Moore, CCM
Canoe Brook Country Club
1108 Morris Turnpike
Summit, NJ 07901

Past Chairman

Michael Lusk
Maplewood Country Club
28 Baker Street
Maplewood, NJ 07040

Directors

Gregg M. Angelillo
Delaware Investments

Peter Cafaro
Judd Brown Designs/
Jefferson Group Architects

John L. Dana
O'Gorman & Young Inc.

Elizabeth Fritz-Grant, CCM
Somerset Hills Country Club

William G. Hoferer, CCM, CCE

James Messina
Preakness Hills Country Club

David A. Schutzenhofer, CCM
Trump National Bedminster

Kirsten Tripodi, P.h.D.
International School of
Hospitality Tourism Management
Fairleigh Dickinson University

Cindy Williams, CCM
Rumson Country Club

Emeritus

Charles R. Kelly
Arcola Country Club

Golf foursomes are certainly one way of supporting our Foundation. However, we need your support in the way of sponsorships to raise necessary funding to continue our mission of providing charitable donations, scholarships, tuition assistance, quality educational programs, and Student Chapter subsidies. This year's charities **Children's Hospital of New Jersey at Newark Beth Israel Medical Center , the NJ Golf Foundation and Advancing Opportunities**. We cannot do this without your valuable support!!

We are committed, more than ever, to provide this year's ELITE SPONSORS with an uncompromising golf experience while simultaneously recognizing their exceptional support of the Foundation. As such we are providing three Elite Sponsorship opportunities:

NJCF ELITE SPONSORSHIP OPPORTUNITIES

\$3,000 DINNER SPONSORS

\$2,000 LUNCH SPONSORS

\$1,500 COCKTAIL HOUR

\$1,000 BEVERAGE CART SPONSORS

These sponsorships include Electronic Ad recognition, special recognition, sign displayed at lunch and dinner.

AD SPONSORSHIP OPPORTUNITY

Ad Display \$250 includes your customized electronic ad to be displayed throughout the dinner reception on a revolving large screen.

We sincerely appreciate all supporters of our Annual NJCF Golf Tournament. Those special supporters interested in Sponsorships are requested to send your check, payable to The New Jersey Club Foundation, along with camera ready art in the form of a .jpeg file or Word file to:

Rosemary Panno
NJCMA
PO Box 549
Franklin Lakes, NJ 07417
E-Mail: pannoros@member.cmaa.org
Website: www.njcma.org

We sincerely appreciate all sponsorships and your continued support in perpetuating the New Jersey Club Foundation to continue our wonderful philanthropic endeavors.

Sincerely,

John Gomez

John Gomez, CCM
Chairman

New Jersey Club Foundation

Ad Campaign Sponsor Form

Thank you for your support on the 2016 ad campaign. These electronic ads will be displayed on screens during the reception. The cost of each ad is \$250.00. **Please note format must be in .jpeg format or word file.**

PLEASE SUBMIT CAMERA READY ARTWORK in the form of a jpeg or word file and email to Rosemary Panno at pannoros@member.cmaa.org

Send all artwork, check and this form to:

**Rosemary Panno
NJCMA
PO Box 549
Franklin Lakes, NJ 07417**

Make all checks payable to: ***New Jersey Club Foundation***

Make all checks payable to: ***NJ Club Foundation and mail to NJCF, PO Box 549, Franklin Lakes, NJ 07417***

Dinner Sponsor \$3,000 Lunch Sponsor \$2,000

Cocktail Hour \$1,500 Beverage Cart \$1,000 Ad Display \$250

Amount Enclosed \$ _____

Credit Card Type of Card: MC VISA AMEX Name on Card _____

Credit Card No. _____ - _____ - _____ - _____ Exp. Date ____ / ____

Signature: _____

Check Amount Enclosed \$ _____

Company Name _____

Contact E-Mail: _____

Billing Address : _____

City, State, Zip _____

Phone No. _____ Fax No: _____