



**2012 KIDNEY KAPER & LIBERTY MUTUAL INVITATIONAL  
BUNDLED SPONSORSHIP OPPORTUNITIES**

**CORPORATE SPONSOR - \$5,250  
KIDNEY KAPER**

- 1 table (10 guests) at the Kidney Kaper
- Listing in the Kidney Kaper invitation (if form and logo are received by Feb. 15, 2012)
- Prominent listing in the Kidney Kaper program
- Invitation to the private Patron Party

**LIBERTY MUTUAL INVITATIONAL**

- One (1) team foursome
- Hole sponsorship sign
- Banner displayed at the tournament
- Company logo on tournament brochure, posters, television public service announcement
- Listing in program and media releases

**SPONSOR - \$2,200  
KIDNEY KAPER**

- 2 tickets to the Kidney Kaper
- Listing in the Kidney Kaper invitation (if form and logo are received by Feb. 15, 2012)
- Prominent listing in the Kidney Kaper program
- Invitation to the private Patron Party

**LIBERTY MUTUAL INVITATIONAL**

- Signage on a contest hole
- Listing in program and media releases

**OTHER SPONSORSHIPS**

We appreciate all the support given to the Tennessee Kidney Foundation. If you have graciously supported both the Kidney Kaper and Liberty Mutual Invitational at higher sponsorship levels than listed above and wish to continue to do so or if you would like to increase your previous sponsorships levels please contact the TKF and we will be happy to assist you.

**For more information, please contact Josie Hackworth or Samantha Rogers at  
The Tennessee Kidney Foundation**

[josie.h@tennesseekidneyfoundation.org](mailto:josie.h@tennesseekidneyfoundation.org) or [samantha.r@tennesseekidneyfoundation.org](mailto:samantha.r@tennesseekidneyfoundation.org)

**(615) 383-3887 or 800-380-3887**



## BUNDLED SPONSORSHIP COMMITMENT

Type of Sponsorship  Corporate (\$5,250)  Sponsor (\$2,200)  Other \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Signature \_\_\_\_\_

**Please send your company logo to be printed on the brochures.  
Name as it should appear on all printed materials:**

\_\_\_\_\_

Please indicate billing: Payment Options:

Onetime Payment

Multiple Payments

(Half of the payment will be due 2/15/12 payment in full due 5/15/12)

Payment Enclosed

Please Bill Us

Please Charge My Credit Card

Visa / MasterCard / AE/ Discover (circle one) Card Number \_\_\_\_\_

Name on card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Checks should be made payable to:

Tennessee Kidney Foundation  
95 White Bridge Road, Ste. 300, Nashville, TN 37205  
Phone: (615) 383-3887 or 800-380-3887  
Fax: (615) 383-2647  
Federal Tax Exempt #: 27-0812507

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