

**10TH ANNUAL MHE RESEARCH
FOUNDATION GOLF OUTING
MONDAY, AUGUST 31ST, 2026**



Personal Information (This section **must be completed)**

Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Email: _____
 Phone: _____ Cell _____

PLEASE CIRCLE YOUR SPONSORSHIP LEVEL BELOW:

DIAMOND TOURNAMENT SPONSOR \$10,000

- ✓ 8 golfers
- ✓ Display your banner & tee signage
- ✓ Special recognition

PLATINUM DINNER HALL SPONSOR \$5,000

- ✓ 4 golfers
- ✓ Display your banner & tee signage
- ✓ Special recognition

GOLD GOLF CART SPONSOR \$3,000

- ✓ 4 Golfers
- ✓ Special signage on all golf carts

SILVER LUNCH SPONSOR \$1,500

- ✓ 2 Golfers
- ✓ Special Signage on lunch tables

BRONZE HOLE SPONSOR \$700

- ✓ 1 Golfer
- ✓ Special Signage

PUTTING GREEN SPONSOR \$500

- *GOLFER NOT INCLUDED
- ✓ Signage on Putting Green

HOLE SPONSOR \$350

- *GOLFER NOT INCLUDED
- ✓ Signage at hole

INDIVIDUAL GOLFERS \$200

DINNER ONLY (no golf) \$75

**Sorry, I/We cannot attend the Classic.
Please accept the enclosed donation:
\$ _____**

NOTE - Your contribution less \$200 per golfer is tax deductible.
(Tax ID# 42-1722962)

TALAMORE COUNTRY CLUB

**723 Talamore Drive
Ambler, PA 19002
Talamorecc.com
(215) 641-1300**

Please list the Additional Golfer's Names (\$200 per golfer)

1. _____
2. _____
3. _____

Add additional golfers to mailing list. (contact info on back).

Sponsorship Level or Golf Fee \$ _____
Dinner Only (\$75/pp) \$ _____
Total Payable to MHERF \$ _____

**To Register Online go to:
www.mherf.org/golf-outing-pa**

PAYMENT INFORMATION

*Please make checks payable to:
MHE Research Foundation: 8019 Harbor
View Terrace, Brooklyn, NY 11209
If you are paying by credit card, please complete all
of the information below.*

Please charge my VISA MasterCard AMEX

AMOUNT \$ _____ Card# _____

Exp ___/___/___ Security Code _____

Signature _____