



DIETARY
LAWS
OBSERVED

SOFT
SPIKES
ONLY

BERMUDA
LENGTH
SHORTS

COLLARED
SHIRTS

NO
JEANS/
CARGO
SHORTS

Jewish National Fund Invites You to the
**SAUL LEIGHTON
GOLF CLASSIC**

Monday, June 5, 2017

10:30 am – Registration and Brunch

11:00 am – Open Range

12:00 pm – Shotgun Start

5:30 pm – Cocktails, Dinner, Raffles, Prizes, and a Special Tribute

Shackamaxon Country Club

100 Tillinghast Turn, Scotch Plains, NJ 07076

Join us for a great day of brunch, golf, cocktails, and buffet dinner. Raffles and contests to be held throughout the day

HONORARY TOURNAMENT CHAIR Saul Leighton, Bayway World of Liquor

TOURNAMENT SPONSOR Rubenstein Properties

GOLF CHAIR Andy Rubenstein

For Sponsorship Opportunities or More Information: Anna Richlin, Campaign Executive,
Central New Jersey, arichlin@jnf.org, 973.593.0095 x826

CONTINUED
ON OTHER
SIDE



SPONSORSHIP OPPORTUNITIES

- Tournament Sponsor \$10,000 - One complimentary foursome and a prominently displayed customized banner *(Sold)*
- Brunch Sponsor \$5,000 - Name displayed at the buffet table, includes one golf foursome
- Refreshment Stand Sponsor \$3,000 - Name displayed at refreshment stand
- Flag Sponsor \$1,000 - Customized flag, displayed at hole
- Hole Sponsor \$550 - Customized sign, displayed at hole

PARTICIPATION LEVELS

- Golf Foursome \$2,000
- Golf Participant \$500
- Dinner Only \$150
No. of Dinner Guests _____ Names of Guests _____

Sorry, I am unable to attend. However, I would like to support JNF with a contribution of \$_____.

GOLFER INFORMATION

NAME _____ EMAIL _____
 NAME _____ EMAIL _____
 NAME _____ EMAIL _____
 NAME _____ EMAIL _____

PAYMENT INFORMATION

Please mail form to Jewish National Fund, 78 Randall Avenue, Rockville Centre, NY 11570

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Name as it should appear for sponsorship _____

- My check payable to Jewish National Fund is enclosed in the amount of \$_____
- Charge my credit card in the amount of \$_____

Card Number _____

Name on card _____

Expiration Date ____/____ Signature _____

Please RSVP to RSVPCNJ@jnf.org or to Melissa Schwartz at mschwartz@jnf.org or 516.678.6805 x807



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