



Magee Rehabilitation Hospital Annual Tennis Benefit



Monday, August 8, 2022 | Germantown Cricket Club

Tennis Benefit Committee

- Debra Hollander (Co-Chair)
- Andrew Kronfeld (Co-Chair)
- Joe Blancuzzi (Member)
- Amy Campbell (Member)
- Reggie Day (Member)
- Terri James (Member)
- Mark Kaltenbach (Member)
- Helaine Leibowitz (Member)
- Keith Newarla (Member)
- Greg Scott (Member)
- Ron Siggs (Member)
- Joel Smith (Member)
- Laura Torchin (Member)
- Eric Yun (Member)

Schedule of Events

- 3PM Registration
- 3PM Wheelchair Tennis Exhibition
- 4-6PM Round Robin Tennis on grass courts (weather permitting)
- 6PM Hearty Hors d'oeuvres, Beer and Wine Social

Players grouped by USTA rating. A competitive 4.5+ category included.

What is your USTA Rating? _____

Please return completed form via

Email
giving@mageerehab.org

Mail
Magee Rehabilitation
Hospital Foundation
1513 Race Street
Philadelphia, PA 19102

For more information or questions about sponsorship opportunities, please contact Zac Ernst at zac.ernst@jefferson.edu.

Sponsor Level - Recognition at the Event

- \$5,000 - Presenting Sponsor - Ten tennis players, signage, butlered hors d'oeuvres, chef stations, and beverages
- \$2,000 - Eight tennis players, signage, butlered hors d'oeuvres, chef stations, and beverages
- \$1,500 - Six tennis players, signage, butlered hors d'oeuvres, chef stations, and beverages
- \$1,000 - Four tennis players, butlered hors d'oeuvres, chef stations, and beverages
- \$500 - Two tennis players, butlered hors d'oeuvres, chef stations, and beverages

Tennis Tickets

- \$200 - Tennis for one, butlered hors d'oeuvres, chef stations, and beverages
- \$300 - Tennis for two, butlered hors d'oeuvres, chef stations, and beverages
- \$100 - Evening only, butlered hors d'oeuvres, chef stations, and beverages

I am unable to attend- please accept my tax-deductible donation of \$ _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

PAYMENT INFORMATION

Check Enclosed. (Please make checks payable to Magee Rehabilitation Hospital Foundation.)

TOTAL: \$ _____

AMEX VISA MasterCard Discover

Expiration Date ____/____ Security Code _____

Account #: _____

Name on Card: _____

Authorized Signature: _____