



# SECURE OUR SENIORS SAFETY

## BOARD OF DIRECTORS

**Shannon Dion**

*Daughter of Doris Gleason*

**Loren Adair-Smith**

*Daughter of Phyllis Payne*

**Ellen House**

*Daughter of Norma French*

**Mary Jo-Jennings**

*Daughter of Leah Corken*

**Cheryl Pangburn**

*Daughter of Marilyn Bixler*

**Karen Harris**

*Daughter of Miriam Nelson*

**Robert MacPhee**

*Son of Carolyn MacPhee*

Dear friend of SOSS,

We hope you will join us for the second annual **Swinging Fore Seniors Golf Tournament** benefitting **Secure Our Seniors Safety (SOSS)**. This event will be held on Monday, October 30th, 2023 at Brookhaven Country Club. We expect over 100 attendees, including community and business leaders, as well as representatives from local and state government officials.

There will be a catered breakfast and lunch, a beautiful course, and amenities including food, drinks, and games to keep you entertained all morning! This is a great opportunity to support the very important mission of SOSS- **to ensure residents of senior living facilities are secure from criminal activity.**

Secure Our Seniors Safety, a 501(c)(4) nonprofit, was founded when the unthinkable happened. A serial killer murdered our loved ones in their residences for jewelry. Their stories live on within each of us and are a driving force behind our continued pursuit for safety. Our goal is to ensure legislation is passed and increase awareness of vulnerability of elders. Join us as we work to take care of those who took care of us!

Proceeds from the **Swinging Fore Seniors Golf Tournament** will directly impact the work of SOSS to pass legislation that will improve senior security at residential establishments and increase awareness of crimes against seniors and how to be safe. This past legislative session, SOSS was successful in passing several bills that will help better protect seniors.

Please feel free to contact Loren Adair or Mary Jo Jennings if you have any questions at [loren@adairservices.com](mailto:loren@adairservices.com) or [mj@lakecg.com](mailto:mj@lakecg.com).

We would be honored to have you support SOSS by attending this event!  
Thank you in advance for your consideration!

Warmest regards,

Shannon Gleason Dion

President

Secure Our Seniors Safety

[www.secureourseniorssafety.org](http://www.secureourseniorssafety.org)

Please consider sponsoring, registering and/or contributing to this event.



# SECURE OUR SENIORS SAFETY

**Date:** Monday, October 30th, 2023

**Location:** Brookhaven Country Club

3333 Golfing Green Dr, Farmers Branch, TX 75234

**(Registration and Breakfast): 6:30 am**

**Start: 8:00am**

**Breakdown: 3:30pm**

## SPONSORSHIP OPPORTUNITIES

<b>Presenting Sponsor</b>	<b>\$10,000</b>
<ul style="list-style-type: none"><li>★ Name listed as presenting sponsor with logo at registration and banquet</li><li>★ Name/logo with website link on event landing page</li><li>★ Name/logo headlined on banner at registration</li><li>★ 4 Complimentary player tickets</li><li>★ 1 Hole sponsorship</li><li>★ Name and logo on golf carts</li></ul>	
<b>Gold Sponsor</b>	<b>\$5,000</b>
<ul style="list-style-type: none"><li>★ Name listed as gold sponsor with logo at registration and banquet</li><li>★ Name/logo on event landing page</li><li>★ Name/logo on banner at registration</li><li>★ 4 complimentary player tickets</li><li>★ 1 Hole sponsorship</li></ul>	
<b>Silver Sponsor</b>	<b>\$2,500</b>
<ul style="list-style-type: none"><li>★ Name listed as silver sponsor</li><li>★ Name/logo on event landing page</li><li>★ Name/logo on banner at registration</li><li>★ 2 complimentary player tickets</li></ul>	
<b>Hole Sponsor</b>	<b>\$1,000</b>
<ul style="list-style-type: none"><li>★ Name/logo on sign at tee box</li><li>★ Table set up at tee</li></ul>	
<b>Foursome</b>	<b>\$500</b>
<ul style="list-style-type: none"><li>★ Four individual tickets that include breakfast, lunch and golf</li><li>★ You may also enter the tournament as an individual golfer for \$125</li></ul>	
<b>DRINK CART SPONSOR (beer only)</b>	<b>\$3,000</b>
<ul style="list-style-type: none"><li>★ Name/logo on cart</li></ul>	
<b>BREAKFAST DRINK SPONSOR (Mimosa and Bloody Mary)</b>	<b>\$2,500</b>
<ul style="list-style-type: none"><li>★ Name and logo at stand</li></ul>	

### Requirements

- Secure Our Seniors Safety reserves the right to approve all booth content, branding and signage.
- There must be at least one person manning booths throughout event
- Payment is due in full upon receipt of Sponsorship Application



# SECURE OUR SENIORS SAFETY

## SPONSORSHIP COMMITMENT FORM

Company Name and Website: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Attendee Names: \_\_\_\_\_

\_\_\_\_\_

### SPONSORSHIP LEVEL: (Please check)

- Presenting Sponsor \$10,000
- Gold Sponsor \$5,000
- Silver Sponsor \$2,500
- Hole Sponsor \$1,000
- Foursome \$500
- Individual \$125
- Drink Cart Sponsor \$3,000
- Breakfast Cocktail \$2,500
- Donation

Please indicate your preferred payment method:

- I prefer to pay by check  
Please return this form with check and make payable to:  
**Secure Our Seniors Safety**  
4145 Belt Line Rd.  
Suite 212-307  
Addison, TX 75001
  
- I prefer to pay by credit card  
Credit card payments can be made at  
[www.secureourseniorssafety.org](http://www.secureourseniorssafety.org)  
OR print and mail this form to:  
**Secure Our Seniors Safety**  
4145 Belt Line Rd.  
Suite 212-307  
Addison, TX 75001



# SECURE OUR SENIORS SAFETY

## CREDIT CARD AUTHORIZATION FORM

Please sign and complete this form to authorize Secure Our Seniors Safety to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated below. This is permission for a single transaction only and does not provide authorization for any additional debits or credits to your account.

### **PLEASE COMPLETE THE INFORMATION BELOW:**

I, \_\_\_\_\_ (name) authorize Secure Our Seniors Safety to charge my Credit Card Account indicated below.

For, \_\_\_\_\_ (amount) on or after \_\_\_\_\_ (date).

---

Company/Individual Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Account Type: (please check)  Visa  Mastercard  Amex  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

---

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_