

MAY 9TH, 2023

We invite you to promote your company, brand, or product while supporting the Maestro Cares Foundation. This is a great way to get your products into the hands of our 175 VIP guests, celebrities, and professional golf players. Feel free to personalize the item with your logo/company name. Your company's name will also be featured in the Golf Tournament program book and on our social media platforms.

## GOODY BAG WISHLIST

- ♥ Portable/ Bluetooth Speakers
- ♥ Golf Shoes
- ♥ Golf Certificates
- ♥ Golf Lessons
- ♥ Belts
- ♥ Card Holders
- ♥ Head Covers
- ♥ Sunglasses
- ♥ Sunscreen
- ♥ Golf Gloves
- ♥ Cigars
- ♥ Hand Sanitizers
- ♥ Wind shirt/ Windbreakers
- ♥ Golf club cleaners
- ♥ Golf Polos
- ♥ Hats
- ♥ Golf Towels
- ♥ Divot Tools
- ♥ Golf Balls
- ♥ Golf Tees
- ♥ Polos
- ♥ Gift Cards
- ♥ Fitness Kits, Equipment and/or Supplements
- ♥ Gourmet Snacks
- ♥ High-end liquor or wine (mini bottles)
- ♥ Perfumes and Colognes (mini bottles)
- ♥ Reusable water bottles
- ♥ Portable Chargers (phone)
- ♥ Travel Mugs & Tumblers
- ♥ Waterproof Smartphone Cases
- ♥ Wireless Headphones
- ♥ Electronics
- ♥ Travel Accessories

For more information, please contact  
Rubi Salgado at [rsalgado@maestrocares.org](mailto:rsalgado@maestrocares.org)

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**PRODUCT DONATION FORM**

**DONOR & ITEM INFORMATION**

Name or company name: \_\_\_\_\_

Company contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Credit to be provided to: \_\_\_\_\_

Donation description: \_\_\_\_\_

Value of donation: \_\_\_\_\_

**(If unknown, please give estimate or approximate value for audit purposes)**

I agree to provide 175 items for the golf tournament attendees

**DELIVERY INFORMATION**

All goody bag items must be delivered by the week of **April 24th, 2023.**

**PLEASE SEND TO:**

Amy Bloom  
3331 SW 64th Avenue  
Miami, FL 33155  
United States

*Federal Tax ID#: 45-3706112*

**For all donations to be acknowledged, the donor will need to provide a \$0 balance invoice along with the product delivery.**

I (WE) AGREE TO DONATE THE ITEM LISTED ABOVE:

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail completed form to:  
Rubi Salgado at [rsalgado@maestrocares.org](mailto:rsalgado@maestrocares.org)