DELAWARE ACADEMY *of* FAMILY PHYSICIANS

January 2026

Dear Friend,

We hope this note finds you well and that your holidays have been warm, healthy, and safe. We are sending you this special invitation to help us in our mission to improve healthcare for all Delawareans – who deserve the same.

The Delaware Academy of Family Physicians Research & Education Foundation (DAFP-REF) is planning our annual fundraising event – the **2026 Healthcare Heroes Golf Outing**. The DAFP REF is a 501(c)(3) corporation and the philanthropic arm of the Delaware Academy of Family Physicians. The REF offers important programs to encourage medical students and residents to come to Delaware to explore the world of primary care and consider becoming a family physician in our state to improve access to care and provide patient education for our Delaware communities.

To support these programs the DAFP REF invites you to join us as a sponsor and/or golfer to our **2026 DAFP Healthcare Heroes Golf Outing** being held on **Friday, April 17, 2026** at the **Heritage Shores Golf Club** located at **One Heritage Shores Cir, Bridgeville, DE 19933**. Registration will begin at 9:00am and a Shotgun start will be at 10:00am. To learn more about how to participate, register or contribute, please contact: Dr. Joseph Kim, Joseph.h.kim@tidalhealth.org or Candida Taylor at candida@delfamdoc.org

To register for this event, please go to:
Please visit https://delfamdoc.org/foundation/ for more information
Donations to the DAFP REF are tax deductible The tax ID# is 51-0322328.

A portion of the proceeds will also support the Kim and Evans Family Foundation. The mission of the Kim and Evans Family Foundation is to better the lives of disadvantaged people and animals in Sussex County, DE and beyond. This foundation is also a 501(c)(3) and donations are tax deductible. The tax ID# is 82-3857830.

Thank you in advance for your consideration. We look forward to hearing from you.

Kind regards,
DELAWARE ACADEMY OF FAMILY PHYSICIANS – RESEARCH & EDUCATION FOUNDATION

Joseph Kim, DO, FAAFP
Golf Outing Chair

CC: Delaware Academy of Family Physicians REF Board of Directors

224 West State Street | Trenton, NJ 08608
Tel: 302-733-3356
dafp@delfamdoc.org | www.delfamdoc.org

SPONSORSHIP OPPORTUNITIES

☐ **JUSTICE** - $10,000

▶Designated as Presenting Sponsor◀

1. Three foursomes
2. Recognition throughout the course
3. Recognition at event
4. Recognition in all social media
5. Marketing display table set up on course
6. Optional: Provide promotional item to golfer bags

☐ **SUPERHERO** - $5,000

▶Reception Sponsor◀

1. Two foursomes
2. Recognition on the course
3. Recognition at event
4. Optional: Provide promotional item to golfer bags

☐ **HERO** - $2,500

1. One foursome
2. Tee sign
3. Choose 1 sponsorship:

Appropriate signage displayed at your selection

____ Lunch
____ Registration
____ Beverage Cart

4. Optional: Provide promotional item to golfer bags

☐ **SIDEKICK** - $1,250

1. One foursome
2. Tee sign

☐ **GUARDIAN** - $500

1. Tee sign
2. Choose 1 sponsorship:

Appropriate signage displayed at your selection

____ Straightest drive
____ Utility belt
____ Driving range
____ Longest drive
____ Closest to the pin
____ Putting green

☐ **BEVERAGE SPONSOR** - $1,500

1. Support signage at Golfers' Reception

☐ **Protector** - $250

1. Tee sign

☐ **Foursome** - $1,000

Please see reverse side to complete your contact information.
Thank you.

HERITAGE SHORES GOLF CLUB
One Heritage Shores Circle
Bridgeville, DE 19933

2026 DAFP REF GOLF OUTING SUPPORT FORM

BUSINESS NAME *(as it should appear on event signage)*:

_____

CONTACT NAME: _____ **PHONE:** _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

_____

Amount Due: _____

_____ **Please Invoice me**

_____ **Check enclosed**

To register golfers, go to: https://delfamdoc.org/foundation/
or go to: https://na.eventscloud.com/865922

Make checks payable to: **DAFP REF**

Mail to Administrative Office: **Delaware Academy of Family Physicians REF**
224 West State Street
Trenton, NJ 08608

QUESTIONS: *Please email* **DAFP@delfamdoc.org**
To ensure we have your current logo, please email a high-resolution PNG or JPG to Candida@delfamdoc.org.

THANK YOU FOR YOUR SUPPORT.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

American Academy of Family Physicians - Delaware Chapter

2 Business name/disregarded entity name, if different from above

Delaware Academy of Family Physicians, Research and Education Foundation, Inc.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ► **Not-for-profit corporation 501(c)3**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

224 West State Street

6 City, state, and ZIP code

Trenton, NJ 08608-1002

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

5	1	–	0	3	2	2	3	2	8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ►  **Date** ► 1/1/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*