



## **ENTERGY MISSISSIPPI POWER GENERATION GOLF TOURNAMENT**

On **October 15, 2026**, Entergy Mississippi will host the fourth annual Entergy Mississippi Power Generation Golf Tournament at Vicksburg Country Club. Over the past two years, this event has raised more than \$75,000 for Friends of Children’s Hospital, helping bring comfort, hope, and smiles to children and families receiving care at Children’s of Mississippi.

Each year, the tournament continues to grow as employees, sponsors, and community members come together to make a meaningful impact. We are excited to bring this year's tournament to Vicksburg and invite you to partner with us through sponsorship.

Thank you for considering this opportunity to support Mississippi’s children and families.

Sincerely,

**Allen Lyons**

Vicksburg Advanced Power Station  
Entergy Mississippi

### **SPONSORSHIP OPPORTUNITIES**

#### **POWERING HOPE SPONSOR \$10,000**

- Premier logo placement on tournament signage, t-shirt, social media, and website
- Recognition during the tournament
- Opportunity to provide promotional items for players
- **Three 4-man teams**

#### **GENERATION SPONSOR \$5,000**

- Logo placement on tournament signage and website
- Recognition during the tournament
- **Two 4-man teams**

#### **HOLE SPONSOR \$2,000**

- Company signage on a designated hole
- Logo placement on website
- **One 4-man team**

#### **ENTERGY TEAM ENTRY \$300**

- **One 4-man team**

# ENTERGY MISSISSIPPI POWER GENERATION GOLF TOURNAMENT

## SPONSORSHIP COMMITMENT

Please return the completed sponsorship form by October 1, 2026. Email to [friends@friendsofch.org](mailto:friends@friendsofch.org) or mail to: **Friends of Children's Hospital, 200 Park Circle Drive, Suite 2A, Flowood, MS 39232.**

Questions? Contact Allen Lyons at 601-218-3527 or [alyons@entergy.com](mailto:alyons@entergy.com).

### LEVEL SELECTION

POWERING HOPE SPONSOR  
\$10,000

GENERATION SPONSOR  
\$5,000

HOLE SPONSOR  
\$2,000

TEAM ENTRY  
\$300

### SPONSOR INFORMATION

SPONSOR \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### PAYMENT INFORMATION

SEND INVOICE

CHECK ENCLOSED

CREDIT CARD

(Made payable to Friends of  
Children's Hospital)

(A 3.5% processing fee will  
be automatically applied)

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CVV CODE \_\_\_\_\_

ADDRESS IF DIFFERENT \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**