



golf classic

Name _____

Sponsor name _____

Title _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Please check appropriate level of participation:

- | | |
|--|--|
| <input type="checkbox"/> Presenting Sponsor - \$25,000 | <input type="checkbox"/> Par Sponsor - \$4,000 |
| <input type="checkbox"/> Eagle Sponsor - \$15,000 | <input type="checkbox"/> Lunch Sponsor - \$3,000 |
| <input type="checkbox"/> Birdie Sponsor - \$10,000 | <input type="checkbox"/> Corporate Tee Sign - \$500 |
| <input type="checkbox"/> Dinner Sponsor - \$10,000 | <input type="checkbox"/> Individual Golfer - \$1,000 |
| <input type="checkbox"/> Golf Cart Sponsor - \$10,000 | <input type="checkbox"/> Dinner and Program Only - \$100 |
| <input type="checkbox"/> Caddie Sponsor - \$7,500 | |

I cannot participate on April 5, but I would like to support Glendale Memorial Health Foundation with a tax deductible donation of \$ _____

Total enclosed \$ _____

Please charge to my Visa MasterCard American Express Discover

Credit card number _____

Signature _____ Exp. date _____

My check is enclosed, made payable to Glendale Memorial Health Foundation.

Glendale Memorial Health Foundation is a 501(c)(3) organization. Tax ID #95-3625651.
For tax purposes, the deductible portion for this event is your full contribution minus \$300 for each golfer.

Please list golfers on back of card and return in the enclosed envelope.

GOLFERS

Name(1) _____

Title _____

Company _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Name(2) _____

Title _____

Company _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Name(3) _____

Title _____

Company _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Name(4) _____

Title _____

Company _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____