REGISTRATION AND PLAYER INFORMATION

Register and pay securely online at DoylestownHealthFoundation.org/Golf or complete and mail form to address below.

Company *(As you wish to be listed in the program)*

Address

City **State** **ZIP**

Contact Name

Phone *(Please indicate cell / home / work)*

Contact Email

Sponsorship Level

Golfers:

1. _____
   Name

   _____
   Email

2. _____
   Name

   _____
   Email

3. _____
   Name

   _____
   Email

4. _____
   Name

   _____
   Email

SELECT YOUR PREFERRED START TIME

Space is limited. You will be notified if we are unable to fulfill your request.

❍ 7:30 a.m. ❍ 1:30 p.m. ❍ No preference

PAYMENT INFORMATION

Sponsorship Amount $ _____
Tax-deductible less fair market value for the goods and services received.

# of Additional Golfers ($400 each) _____

Additional Golfers Total $ _____

# of Mulligan Packages ($20 each) _____

Mulligan Total $ _____

Please accept my donation $ _____
Donations are 100% tax-deductible

Total Amount Enclosed/Pledged $ _____
Checks payable to: Doylestown Health Foundation

Credit Card:

❍ Visa ❍ MasterCard ❍ Amex ❍ Discover

Card Number

Expiration Date **Security Code**

Name on Card

Signature

REGISTER ONLINE OR RETURN FORM TO:

Doylestown Health Foundation
595 West State Street, Doylestown, PA 18901

RSVP@dh.org | fax: 215.345.2532

THANK YOU FOR YOUR SUPPORT!