DOYLESTOWN HEALTH FOUNDATION

GOLF CLASSIC

REGISTRATION AND PAYMENT INFORMATION

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

Kindly register by May 15, 2026.

REGISTRATION

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 PREFERRED START TIME

Reserve early. Space is limited.

❍ **8:00 a.m.** ❍ **1:30 p.m.** ❍ **No preference**

PAYMENT INFORMATION

Sponsorship Amount **$** _____

# of Additional Golfers _____
with Sponsorship ($450)

# of Individual Golfers _____
Sponsorship not required ($500)

Additional Golfers Total $ _____

# of Mulligan Packages *($20 each)* _____

Mulligan Total $ _____

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

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

Credit Card:

❍ Visa ❍ MasterCard ❍ Amex ❍ Discover

Card Number

Expiration Date Security Code

Name on Card

Signature

THANK YOU FOR YOUR SUPPORT!

REGISTER ONLINE AT DOYLESTOWNHEALTHFOUNDATION.ORG/GOLF OR RETURN FORM TO:

Doylestown Health Foundation, 595 W. State Street, Doylestown, PA 18901 | **PMDH-RSVP@pennmedicine.upenn.edu** | 215-345-2009