

Presenting sponsor:



28th Annual Daviess Community Hospital Foundation Golf Benefit

August 12, 2021

Country Oaks Golf Course, Montgomery, IN

Sponsorship Levels:

SOLD - \$5000 Presenting Sponsor

- _____ \$3500 Platinum Sponsor
- _____ \$2500 Gold Sponsor
- _____ \$1500 Lunch Sponsor
- _____ \$1000 Golf Cart Sponsor
- _____ \$400 Prize Sponsor
- _____ \$200 Tee Sponsor
- _____ \$125 Individual Golfer
- _____ EXTRA: \$50 Team Mulligans & Games

Payment information:

_____ Check Enclosed

_____ Credit Card (circle): Visa Mastercard Discover

Exp. Date: ____/____/____ Sec. Code: ____ Zip Code: ____

Card No. _____

Name on Card: _____

Signature: _____

I/we cannot attend, but want to support the Foundation: _____

Golfer Registration Form

Contact Name: _____ Phone: _____

Company Name (if applicable) _____

Email: _____

Street: _____ City: _____ St: _____ Zip: _____

Player Information

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Appropriate golf attire required.

Return completed form to the Daviess Community Foundation at:

1314 E Walnut Street, Washington, IN 47501.

**Your non-refundable sponsorship/registration is tax deductible
to the extent allowed by law.**

