

CLINIC WITH A HEART PRESENTS



10th Annual Golf Tournament

MONDAY, AUGUST 19, 2019 • HILLCREST COUNTRY CLUB • SHOTGUN START AT NOON

SPONSOR CONTRACT

SPONSOR INFORMATION

Contact Name: _____

Donor Name (exactly as it is to appear in printed materials): _____

Address: _____

City: _____ State: _____ Zip: _____

Work: _____ Cell: _____ Home: _____

Email: _____

Sponsorship Selected: _____

Amount Due: \$ _____

PAYMENT METHOD

☐ Check (made payable to Clinic with a Heart) Check #: _____

☐ Visa

☐ Mastercard

☐ Discover

☐ American Express

Card Number: _____

Exp. Date: _____

Name on Card: _____

Cardholder's Signature: _____

☐ I cannot attend, but please accept my donation \$ _____

☐ I/We request that this gift remains anonymous.

☐ I/We decline all benefits.

(Only the contribution in excess of the benefit package value is deductible as charitable contribution unless all benefits are declined.)

Signature: _____ Date: _____

Please return a copy of this contract to the address below by **August 1, 2019**.
Clinic with a Heart Golf Tournament • 1701 S. 17th Street, Ste. 4G • Lincoln, Nebraska 68502
Fax: (888) 317-8608 | www.clinicwithaheart.org

Questions? Please contact Ronald Lizcano, Director of Development, at ronald@clinicwithaheart.org.