

# Golf Per Stroke Sponsor Form

28th Annual

**United Cerebral Palsy Association of  
Nassau County, Inc.**

## **GOLF TOURNAMENT**

August 5, 2010

North Hills Country Club, Manhasset

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Stroke Sponsor Amount \$ \_\_\_\_\_

Please charge my VISA  MasterCard  Am. Exp.

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please List the Name (s) of the Person (s) whose Stroke Score you are Sponsoring.

\_\_\_\_\_

The number of stroke times your sponsorship amount will equal the donation charged to you and your credit card.

Would you like to donate a raffle prize with a minimum \$100 value? If so, please describe the prize: If you want a copy of the score card used by your sponsoree, please check the box below and make sure your email is included above!

SEND SCORECARD

# **GOLF PER STROKE SPONSOR**



# **FORM**

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