

SAN MATEO COUNTY HEALTH FOUNDATION

6th Annual *Golf Tournament*

SPONSORSHIP LEVEL



___ PRESENTING - \$25,000

___ GOLD - \$10,000

___ SILVER - \$5,000

___ BRONZE - \$3,000

___ CONTEST - \$1,000

___ \$500 HOLE

___ FOURSOME - \$1,600

___ INDIVIDUAL REGISTRATION - \$400

___ I/WE CANNOT PLAY IN THE TOURNAMENT, BUT WILL ATTEND POST GOLF RECEPTION \$75 PER PERSON.

___ I/WE ARE UNABLE TO ATTEND, PLEASE ACCEPT MY GIFT OF \$_____.

CONTACT INFORMATION:

COMPANY NAME

NAME

ADDRESS

CITY STATE ZIP

EMAIL ADDRESS PHONE NUMBER

PAYMENT OPTIONS

Enclosed check for \$_____
(Please make your check payable to San Mateo County Health Foundation)

Please charge my Visa/Mastercard for \$_____

Name: _____

Card Number: _____

Expiration Date: _____

Signature: _____

GOLFER'S NAME(S):

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

COMMENTS:

Thank you for your support. You can either fax this form to us at **(650)573-3447** or mail to:



San Mateo County
Health Foundation

222 West 39th Avenue, San Mateo, CA 94403

Our tax ID # is 94-3116070.

For more information, please call (650)573-2655.