



11th Annual Golden Benefit Charity Golf Classic & Dinner Registration Form

Please RSVP by June 15, 2008

Sponsorship Category:

If Individual, please skip to Team/Individual Information below

Company _____
 Name _____
 Point of Contact _____ Phone _____
 Company Address _____
 City / State / Zip _____

Golfers Number _____ of Players at \$85 each - Dinner Only Number _____ of Dinner Guests at \$30 each
 _____ Unfortunately, I (we) will not be able to attend but would like to help with the enclosed tax-deductible donation.

Team/Individual Information:

| Name | Address | Phone |
|----------|---------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |

Would You Like To Sponsor Any Of The Following:

- | | |
|---|---|
| <input type="checkbox"/> Platinum Sponsor - \$5000 | <input type="checkbox"/> Gold Sponsor - \$4000 |
| <input type="checkbox"/> Silver Sponsor - \$3000 | <input type="checkbox"/> Bronze Sponsor - \$2500 |
| <input type="checkbox"/> Refreshment Sponsor - \$2000 | <input type="checkbox"/> Hole-In-One Sponsor \$1500 |
| <input type="checkbox"/> Gift Sponsor - \$1000 | <input type="checkbox"/> Hole Sponsor - \$100 |
| <input type="checkbox"/> Other _____ | |

**PLEASE SEND THIS FORM ALONG
 WITH CHECK OR MONEY ORDER
 PAYABLE TO:
 Mark Farruggia Golden Benefit
 Charity Golf Classic
 3446 Retsof Road - PO Box 55
 Retsof, NY 14539
 585-519-1917**

Proceeds to Benefit

We accept VISA, MasterCard, Discover



UNIVERSITY OF
ROCHESTER
 MEDICAL CENTER
 Neuromuscular Disease Center

Card Holder Name _____
 Account # _____
 Expiration Date _____
 Security Code (on back of card) _____
 Signature _____

Or call us with information for payment