

2019 Walter A. Daniel, MD Memorial Golf Outing

Monday, August 19, 2019
Mohawk Golf & Country Club
2019 Sponsorship/registration form

Thank you for your support! Please check all that apply:

- | | |
|--|---|
| <input type="radio"/> PLATINUM LEVEL: \$5,000 | <input type="radio"/> TEAM SPONSOR: \$600 |
| <input type="radio"/> GOLD LEVEL: \$3,000 | <input type="radio"/> HOLE SPONSOR: \$500 |
| <input type="radio"/> SILVER LEVEL: \$1,500 | <input type="radio"/> DONOR: \$100-\$499 |
| <input type="radio"/> TEE SPONSOR: \$1,000 | <input type="radio"/> INDIVIDUAL PLAYER: \$150 |

Company name

Contact name

Contact email

()

Contact phone number

Address

City

State

ZIP

Continued on reverse side

Team players if applicable:

1. (Captain)

Email

Phone

2. (Name)

Email

Phone

3. (Name)

Email

Phone

4. (Name)

Email

Phone

Payment information

Amount paid: \$ _____

Please send invoice

Check

Cash

Visa

Discover

MasterCard

American Express

Card no. _____

Exp. date _____

Signature _____

CVV no. _____

Date _____

Make checks payable to: Mercy Health Foundation — Tiffin

Mail to: Mercy Health Foundation — Tiffin

45 St. Lawrence Drive
Tiffin, OH 44883



MERCYHEALTH
Foundation Tiffin