## Yes, I'll support the 4<sup>th</sup> Annual Neighbors For Kids **GOLF** "Fore!" the KIDS

Name:			N
Address:			
City, State, ZIP			
Phone:			
Cell phone:			
Email:			The state
My team members: 			
Check enclose	TANT! Please have each membe d (Circle all appropriate: \$400 four my credit card:	-	e feel free to make as many copies as necessary. 22 guest lunch)
		MasterCard. Expiration	date:/
	Acct #:		CVV code on back of card (last 3 digits)
	Name as it appears	on card:	
	Billing address:		
	Signature:		
	Print and return this con	npleted form, along wit	th your payment, to:
		PO Box 942	
	Dep	oe Bay OR 9734	1

**Donation option:** Unfortunately, I cannot play in the tournament, but I can support the event by my donation of the following item/s:

\_\_\_\_\_ (a \$\_\_\_\_\_ value); or here is my donation in the amount of

\$\_\_\_\_\_.

WE LOOK FORWARD TO YOUR PARTICIPATION IN THIS EVENT.

## **THANK YOU!**