



ANNUAL CHARITY GOLF TOURNAMENT COMMITMENT FORM

Please print all information legibly and exactly as it should appear in all publications.

Name of Individual

or Company: _____

Contact Name: _____

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Daytime phone: _____ **Email:** _____

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☐ **Happy Hour - \$2,000—\$OLD**

☐ **Tee - \$250**

☐ **I am unable to attend, but wish to make a donation of \$** _____

PAYMENT: Enclosed is my check for \$ _____ payable to TSBOR Foundation

PLEASE CHARGE MY _____ **MC** _____ **VISA**

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Please return to: TSBOR Foundation for Charitable Activities

Attn: Golf Tournament, P.O. Box 3744 Olympic Valley, CA 96146 **FAX:** 530-583-1015

We thank you for this contribution and your commitment to community organizations.

TSBOR Foundation for Charitable Activities **TAX ID #** 68-0400111