



27th Annual Charity Golf Tournament
May 11, 2015
Arrowhead Country Club

Donation Form

Date: _____

DONOR NAME: _____

Please **print** business or individual name **exactly** as it should appear in printed material

Acknowledgment to be sent to:

Name and Title _____

Company _____

Address _____
Street City State Zip Code

E-mail _____

Contact Name for follow-up questions _____

Phone Number () _____ E-mail Address _____

Description of Item:

Special Instructions/Restrictions/Exclusions

Website _____

Monetary Donations

Expiration Date	_____	<input type="checkbox"/> \$2,500	Dinner Sponsorship
Blackout Dates	_____	<input type="checkbox"/> \$1,300	Platinum Sponsorship
Quantity	_____	<input type="checkbox"/> \$500	Hole-In-One Sponsor
Fair Market Value	\$ _____	<input type="checkbox"/> \$300	Gold Sponsor

(required by IRS)

What promotional materials will be provided? _____

Please check one:

<input type="checkbox"/> Donation Enclosed	<input type="checkbox"/> Please create certificate
<input type="checkbox"/> Donation to be delivered	<input type="checkbox"/> Donation to be picked up

This completed Donation Form and donation item(s) must be received by April 20, 2015 in order to be acknowledged in the event program.

FAX Donation Form to (909) 558-3420
Or Mail to: CCFSC – Golf Tournament Donation • PO Box 1663, Loma Linda, CA 92354

For more information visit: www.ccsocal.org
Or contact Armida Kersey kids@ccsocal.org or Stephanie Avila savila@ccsocal.org (909) 558-3419

Thank you for your generous support of Childhood Cancer Foundation of Southern California!