

09.19.2017

JOIN CLOPAY FOR THE
AMERICAN CANCER SOCIETY

Golf Classic



COMMITMENT FORM

Business name: _____
Street address: _____
City: _____ State: _____ Zip: _____
Contact name: _____
Telephone number (business): _____ Fax number: _____
Email: _____ Web address: _____
Men's/Ladies Polo: _____ Polo Size: _____
Golf Club Rental: Yes/No Right/Left

SPONSORSHIP COMMITMENT

REGISTER YOUR FOURSOME

Please visit www.miamicorflclipaygolf.org

METHOD OF PAYMENT

ENCLOSED IS MY SPONSORSHIP CHECK IN THE AMOUNT OF \$_____

Charge my credit card
(please print clearly)

Cardholder's name: _____

Please Charge My: VISA MasterCard Discover AMEX

Billing address: _____

Card number: _____

Please send invoice to: _____ Exp. date: _____ Security code: _____

Sponsor Signature: _____

Date: _____

Please email or mail completed form to:

Ali.Ghysels@cancer.org

American Cancer Society
Ali Ghysels
2808 Reading Road
Cincinnati, Oh 45206

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS