



12th Annual Drive Out Hunger Golf Classic Tuesday, September 11, 2018



Register online at: www.SecondHarvestMadison.org

Or, complete this form and **email** to lisag@shfbmadison.org, **fax** to 608-223-9840 or **mail** to Second Harvest Foodbank, 2802 Dairy Drive, Madison, WI 53718. Questions: **call** Leah Rodenberg at 319-786-4852.

Company Name: _____

Contact Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

- Sponsorship level (please check):**
- | | |
|---|---|
| <input type="checkbox"/> Sold Presenting (\$35,000) | <input type="checkbox"/> Dinner (\$7,000) |
| <input type="checkbox"/> Platinum (\$20,000) | <input type="checkbox"/> Brunch (\$5,000) |
| <input type="checkbox"/> Gold (\$15,000) | <input type="checkbox"/> Beverage (\$4,000) |
| <input type="checkbox"/> Silver (\$7,500) | <input type="checkbox"/> Gift Bag (\$4,000) |
| <input type="checkbox"/> Bronze (\$3,500) | <input type="checkbox"/> Hole Prize (\$2,500) |

Golf participants: Platinum – list 6 names; Gold and Silver – list 4 names; Bronze – list 2 names.

- | | | |
|-------------|----------------------------|-------------------|
| Name: _____ | Dinner: Yes _____ No _____ | Shirt Size: _____ |
| Name: _____ | Dinner: Yes _____ No _____ | Shirt Size: _____ |
| Name: _____ | Dinner: Yes _____ No _____ | Shirt Size: _____ |
| Name: _____ | Dinner: Yes _____ No _____ | Shirt Size: _____ |
| Name: _____ | Dinner: Yes _____ No _____ | Shirt Size: _____ |
| Name: _____ | Dinner: Yes _____ No _____ | Shirt Size: _____ |

Check the box if you prefer to be paired with a different company in your foursome.

Charitable contributions: I would like to make a fully tax-deductible contribution of \$ _____.
This payment will benefit Second Harvest Foodbank

Payment: Check enclosed: Yes No

Please send invoice: Yes No

Please make checks payable to: **Second Harvest Foodbank**

Credit card information:

Visa Mastercard Discover American Express

Account number: _____

Expiration date: ____/____ Card Security Code: _____

Physical address (required): _____

Name on card: _____ Signature (required): _____

Sponsorship:	\$
Charitable contribution:	\$
Total:	\$