

Sponsorship Commitment Form



The Andi Foundation
P.O. Box 416 • Perry, Ohio 44081
440-259-5572
www.theandifoundation.org
info@theandifoundation.org



Madison
Country Club

4th Annual 2011 Charity Golf Classic The Andi Foundation

Company Name _____
(as it will appear on your sponsorship)

Contact Name and Title _____

Address _____

Phone _____ Fax _____

E-Mail (Required) _____

- | | | |
|----------------------------|--------------------------|---------------|
| Friend Sponsorship: | <input type="checkbox"/> | \$ _____ open |
| Lunch Sponsorship: | <input type="checkbox"/> | 250.00 |
| Hole Sponsorship: | <input type="checkbox"/> | 250.00 |
| Dinner Sponsorship: | <input type="checkbox"/> | \$300.00 |

- Payment accompanies this form.
 Please bill my address above for the total contribution.

The above agrees to be a sponsor of The Andi Foundation 2011 Charity Golf Classic to be held on July 16th, 2011 at Madison Country Club.

Signature _____ Date _____

Thank you for your support!

Registration Form



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Complete form and return with payment to above address.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I am interested in: Individual Participation @ \$100.00 Foursome \$400.00

Golfer's Names:

_____ E-Mail* _____

_____ E-Mail* _____

_____ E-Mail* _____

_____ E-Mail* _____

Sub Total Golfers: \$ _____

Sub Total Sponsorship (other side) : \$ _____

Total Sponsorship : \$ _____

*Email required.

Check, Cash, or PayPal @www.theandifoundation.org

Signature _____ Date _____

Thank you for your support!