



Putting for Parkinson's



sponsorship agreement

contact information

.....

Company Name _____
 (as it should appear in all event materials)

Address _____

City _____ State & Zip _____

Contact Name _____ Title _____

Telephone _____ Fax _____

Email _____

sponsorship selection

.....

Please Indicate Specific Sponsorship _____

Please refer to the Sponsorships information for the complete list of benefits associated with your sponsorship.

Sponsorship Amount \$ _____

Authorized Signature _____ Date _____
 Title _____

form of payment

send completed sponsorship agreement to:



I have enclosed a check payable to:
The MUSC Foundation
 Check # _____

{ By Mail }
 Putting for Parkinson's
 Attn: Rachel Cole
 109 E 6th South Street
 Summerville, South Carolina 29483

I am visiting www.wescottgolf.com
 to pay by Credit Card or call Rachel (843.696.0761).

{ By E-mail }
rachel@smoothsailingevents.com

