



2012 CharterCARE Golf Classic
Monday - May 7, 2012
Wannamoissett Country Club
Metacomet Country Club
www.chartercare.org

Tournament Sponsor



Tee Sponsor- \$300

Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Direct Phone No: _____

Email: (Required) _____ Fax: _____

TEE SIGN SUBMISSION DEADLINE
April 20, 2012

LIMIT: 2 lines, 14 characters each, 28 characters total.
 Sign measures 18" high x 24" long and has the CharterCARE logo
 Text only, please; We cannot accommodate corporate logos.

Tee Sign to read:

____ Tee included with sponsorship; No separate payment due at this time.

____ Please charge my (*circle one*) **MasterCard** **VISA** **American Express**

_____ Exp: _____

Name on Credit Card (PLEASE PRINT):

____ Check enclosed Make checks payable to: **CharterCARE Health Partners**
 Mail to: Ms. Paula Iacono
 Development Officer
 200 High Service Avenue
 North Providence, RI 02904

Forms may be faxed to Paula Iacono at 401.456.3728
 Email: piacono@chartercare.org

Questions? Call 401.456.3072