

Players

1. Name _____

Address _____

Phone _____

Handicap _____ Tennis Level _____

2. Name _____

Address _____

Phone _____

Handicap _____ Tennis Level _____

3. Name _____

Address _____

Phone _____

Handicap _____ Tennis Level _____

4. Name _____

Phone _____

Address _____

Handicap _____ Tennis Level _____

Please list all names, addresses, and phone numbers. Send additional pages if necessary.

St. Mary's Medical Center Foundation respects your privacy. If you prefer not to receive any further communications from us, please send a brief note to Margine Sako, Executive Director, 450 Stanyan Street, San Francisco, CA 94117 and include the mailing address from this mailer if possible. Please understand it may take up to 30 days to process your request.

St. Mary's Medical Center Foundation
Golf & Tennis Classic Entry Form

Enclosed is my check for \$_____. This includes:

- \$25,000 Tournament Champion
- \$5,000 Eagle Sponsor \$400 General Golf Package
- \$2,500 Birdie Sponsor \$175 General Tennis Package
- \$1,000 Court Sponsor \$75 Casino, Cocktails,
 \$500 Tournament/Tennis Sponsor and Dinner Only*

* Casino, Cocktails, and Dinner are included in all other levels.

I cannot be with you, but enclosed is my supporting gift of \$ _____.

Name _____

Company _____

Address _____

City/State/Zip _____

Phone _____

Handicap _____ Tennis Level _____

Please charge \$_____ to my American Express Visa MasterCard

Account # _____ Security Code _____ Exp. Date. _____

Signature _____ Date _____

Make checks payable to: **St. Mary's Medical Center Foundation**
450 Stanyan Street • San Francisco, CA 94117
(415) 750-5790 • fax (415) 750-8132

***All contributions benefit the needy & uninsured at
St. Mary's Sister M. Philippa Clinic. Funds are not
used for event expenses.***