



TOUR 18

**7th Annual Addishack
Charity Golf Tournament
Friday, April 20, 2018
1:30 Shotgun Start
www.Addishack.org**

For additional information please contact:
Amber Bender – amberbender@addisfaithfoundation.org – 281-785-4098

SPONSOR INFORMATION:

Donor/Company Name: _____
Please print name EXACTLY as it should appear on all collateral materials.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

WORKING CONTACT:

AFF will contact this individual for sponsor logo, promotional opportunities, and registration.

Working Contact Name: _____

Phone: _____

Email: _____

Sponsorship Level: _____ Amount : \$ _____

In-Kind Donation of _____ Valued at \$ _____

Golfer #1 _____ Golfer #2 _____

Golfer #3 _____ Golfer #4 _____

Please make checks payable to **Addi's Faith Foundation**, or charge \$ _____ to:

American Express MasterCard Discover Visa

Card number _____ Exp. Date ____/____/____ CVV# _____

(Code on Back)

Signature _____ Billing Zip Code _____

Submit to:

Addi's Faith Foundation -- 2410 Riverway Oak Drive -- Kingwood, TX 77345