

Waveny LifeCare Network

Swinging for Seniors

12th ANNUAL GOLF & TENNIS OUTING
Monday, May 19, 2014

Sponsor and Donor

Main Contact Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Level of sponsorship (see brochure for details)*: _____

Total Amount Due: _____

*Please make checks payable to **Waveny LifeCare Network** and return by **May 9, 2014***

I am unavailable, but would like to support Waveny LifeCare Network with a contribution of: \$ _____

Does your company match gifts? Please let us know!

We gladly accept: Amex VISA MasterCard

Card No. _____

Name on card _____

Expiration date _____

Signature _____

**Fax back to 203.594.5327 or mail to:
Waveny LifeCare Network
Development Office
3 Farm Road
New Canaan, CT 06840**

Non-Player Sponsor Attendee Information **

For Awards, Court, Tee, or Raffle Sponsors, two individuals are invited to attend both the Lunch (11:45 a.m.) and Awards Ceremony (5:30 p.m.). For Lunch Sponsors, two individuals are invited to attend the Lunch (11:45 a.m.). Please provide the following information below:

1) _____ will attend (*circle one*) Lunch / Awards Ceremony / Both

2) _____ will attend (*circle one*) Lunch / Awards Ceremony / Both

Sponsors – Your sign/banner will read:

Sponsored by _____

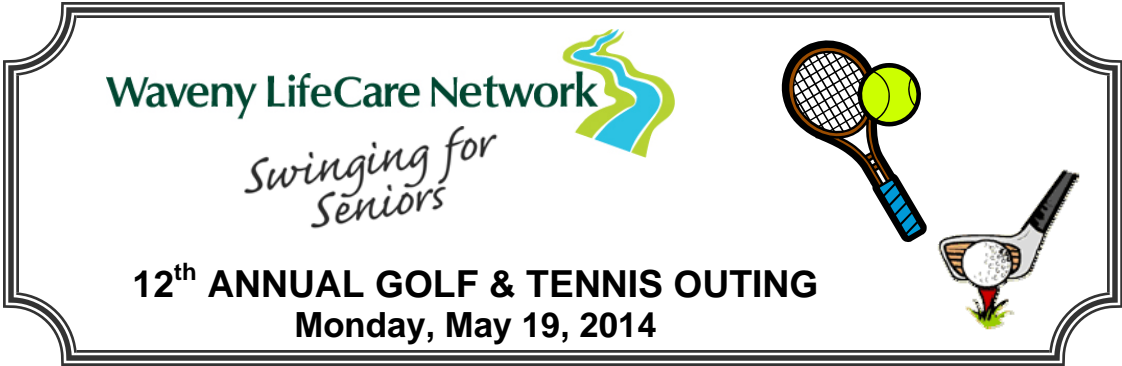
Please send an EPS or PDF file of your name/logo to Joanne Boyer at jboyer@waveny.org

Raffle Prize Donor

Please indicate your donation: _____

* Since Waveny LifeCare Network is a 501(c)(3) charitable organization, your donation in excess of the fair market value relevant to your level of participation (golfer \$275; tennis player \$70; lunch only \$20; reception only \$70) may be fully tax deductible. Please consult your tax advisor.

** Country Club attire please.



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12th ANNUAL GOLF & TENNIS OUTING
Monday, May 19, 2014

Golf & Tennis Player

Main Contact Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Level of sponsorship/participation (see brochure for levels)*: _____

Total Amount Due: _____

*Please make checks payable to **Waveny LifeCare Network** and return by **May 9, 2014**.*

Does your company match gifts? Please let us know!

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Card No. _____

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New Canaan, CT 06840**

Player

Golf – Shotgun Start @ 1:00 p.m. **Tennis** – Round Robin @ 3:00 p.m. **Tennis Whites only please.**

1) Name: _____ GHIN #: _____ OR Tennis Level (A/B): _____

Mailing Address: _____

2) Name: _____ GHIN #: _____ OR Tennis Level (A/B): _____

Mailing Address: _____

3) Name: _____ GHIN #: _____ OR Tennis Level (A/B): _____

Mailing Address: _____

4) Name: _____ GHIN #: _____ OR Tennis Level (A/B): _____

Mailing Address: _____

* Since Waveny LifeCare Network is a 501(c)(3) charitable organization, your donation in excess of the fair market value relevant to your level of participation((golfer \$275; tennis player \$70; lunch only \$20; reception only \$70) may be fully tax deductible. Please consult your tax advisor.