



Sponsor and Donor Information

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 12, 2016***

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 may be fully tax deductible. Please consult your tax advisor.

** Country Club attire please.