Wisconsin Chapter GCSAA

PLAY A ROUND FOR PAR 4 RESEARCH

Donor Information

Golf Course Name: _____

Golf Course Physical Address: _____

_____

Golf Course Website: _____

Authorized Donor/Contact Name: _____

Position: _____

Mailing Address: _____

_____

Phone Number: _____

E-mail Address: _____

Donation Information

*All donations will be made valid from May 15, 2010 through December 31, 2010, unless otherwise specified

____# of tee times donated Each tee time consists of: ___ 2 sets of 2 green fees

__ with carts __ without carts ___ 1 set of 4 green fees

Please list any restrictions, such as dress code or blackout dates, in the space below:

Additional Donation Goods or Services

__Lesson(s) with Golf Pro __Accommodations __Meals __Other

If yes, please provide details in the space below:

_____

_____

$_____ Estimated Retail Value of Donation

_____ The WGCSA should provide the necessary gift certificates for my donation.

_____ We have provided our own certificatese with this donation form.

(valid from May 15, 2010 through Dec. 31, 2010)

Return this form to:
WGCSA
N1922 Virginia Dr
Waupaca, WI 54981

Or **Fax to 888-790-7492**

_____ _____

Authorized Signature Date