

The Ronald J. Bianchi Invitational Golf Tournament

to benefit Swim Across the Sound

Please respond by May 28, 2021 | give.stvincents.org/swimgolf2021

Participation includes a round of golf, use of driving range, golf cart, food stations on course, refreshments, player gift and awards.

PLEASE CHECK ONE:

- | | | | |
|---|----------|---|---------|
| <input type="checkbox"/> Platinum Sponsor | \$10,000 | <input type="checkbox"/> Silver Sponsor | \$3,000 |
| <input type="checkbox"/> Gold Sponsor | \$7,500 | <input type="checkbox"/> Hole Sponsor | \$400 |
| <input type="checkbox"/> Golf Cart Sponsor | \$4,000 | <input type="checkbox"/> Flag Sponsor | \$250 |
| <input type="checkbox"/> Food Station Sponsor | \$3,500 | <input type="checkbox"/> Single Player | \$450 |
| <input type="checkbox"/> Golf Ball Sponsor | \$3,500 | | |

Name.....

Company.....

Address.....

City..... State..... Zip.....

Daytime phone.....

Email.....

I am unable to attend but would like to make a donation of \$.....

MC Visa Amex Discover

Credit card number.....

Exp. Date..... Signature:.....

Check enclosed

Please make checks payable to: St. Vincent's Medical Center

St. Vincent's Medical Center is a 501(c)(3) organization.

Tax ID: 83-2550272

Player/Foursome Information

Tee time preference (Please check first choice):

- 8:30 am - 11 am 11 am - 1 pm

We will do our best to accomodate the first choice for your foursome.

Player 1

Name.....

GHIN Number/Current Handicap.....

Phone Email.....

Player 2

Name.....

GHIN Number/Current Handicap.....

Phone Email.....

Player 3

Name.....

GHIN Number/Current Handicap.....

Phone Email.....

Player 4

Name.....

GHIN Number/Current Handicap.....

Phone Email.....

Questions?

Chris Howard 475.210.7308 | Christine.Howard@HHHealth.org