

2020 Golf Tournament – Payment Form (Sponsorships, Teams, and Individual Players)

Levels of Sponsorship

(Please check the appropriate levels of participation.)

- | | |
|--|---|
| <input type="checkbox"/> \$10,000 PRESENTING SPONSOR | <input type="checkbox"/> \$500 BEVEREAGE CART SPONSOR |
| <input type="checkbox"/> \$3,000 PUTTING GREEN SPONSOR | <input type="checkbox"/> \$300 HOLE SPONSOR |
| <input type="checkbox"/> \$3,000 DRIVING RANGE SPONSOR | <input type="checkbox"/> \$260 INDIVIDUAL GOLFER |
| <input type="checkbox"/> \$2,000 EAGLE SPONSOR | <input type="checkbox"/> \$1,040 TEAM OF FOUR |
| <input type="checkbox"/> \$1,500 BIRDIE SPONSOR | <input type="checkbox"/> GIFT SPONSOR (Please indicate gift and value below.) |

I am unable to participate, but please accept my tax-deductible donation of \$_____.

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

If providing a gift, please indicate the gift and value: _____

Payment Information

Full Payment Enclosed (Make check payable to: Meals on Wheels Collin County)

Bill My Credit Card MC Visa Amex Discover

Cardholder's Name: _____

Card #: _____ Expiration Date: _____ CVC: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder's Signature: _____

Please complete this form and return via email or fax to:



Meals on Wheels Collin County

golf@mowcc.com

600 N. Tennessee St, McKinney, TX 75069

Fax: 972-562-0308 * Phone: 972-632-3114 * www.mowcc.com

2020 Team – Individual Player Registration

TEAM / INDIVIDUAL CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

PLAYER 1 / TEAM CAPTAIN:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

PLAYER 2

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

PLAYER 3

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

PLAYER 4

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

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