

**Golf Tournament Hole Sponsorship Form**

Saturday, October 13, 2018

Halifax Holes

**All proceeds will be used to provide housing for individuals with disabilities.**

**I would like to sponsor \_\_\_ holes at $100 each.**

**\_\_\_\_** Check Enclosed for $\_\_\_\_\_ payable to One Shred of Hope.

\_\_\_\_ Please charge my credit card $\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Credit Card # Exp.Date CVC #

Business/organization name to be printed on sign at hole:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For more information call**: Lauren Compere, Development Director, 601-832-8927

**Email** completed forms to lcompere@oneshredofhope.org

**Mail** completed forms to: P.O. Box 688 Clinton, MS 39060