

St. Joseph Health Services of Rhode Island

22nd Annual Golf Tournament

Monday - May 10, 2010



Gold Sponsor - \$4,000

Contact Person: _____ Direct Phone No: _____

Company Name: _____ Co. Phone No: _____

Address: _____

City/State/Zip: _____

Email: (Required) _____ Fax: _____

Our two foursomes are as follows: (PLEASE PRINT IN ORDER OF PAIRINGS) **Handicap ***

1. _____

2. _____

* Required

Gold sponsorship includes a half-page program ad (4" high x 5" wide). Ads may be submitted in hard copy (camera ready) or on disk using pdf, jpeg or tif formats, or via email attachment to: patteri@saintjosephri.com

Ads MUST BE received by April 12 to assure inclusion in the program.

_____ Please charge my (circle one) Mastercard VISA AMEX
_____ Exp: _____

Name on Credit Card (PLEASE PRINT): _____

_____ Check enclosed

Make checks payable to: **St. Joseph Health Services Foundation**

Mail to: Ms. Paula Iacono
Development Office / Marian Hall
200 High Service Avenue
North Providence, RI 02904

Forms may be faxed to Paula Iacono at 401.456.3728.
Questions? Call 401.456.3072, or visit us online at www.fatimahospital.com