

# St. Joseph Health Services of Rhode Island

## 22<sup>nd</sup> Annual Golf Tournament

Monday - May 10, 2010



### Platinum Sponsor - \$5,000

Contact Person: \_\_\_\_\_ Direct Phone No: \_\_\_\_\_

Company Name: \_\_\_\_\_ Co. Phone No: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: (Required) \_\_\_\_\_ Fax: \_\_\_\_\_

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

1.	_____	_____
	_____	_____
	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
	_____	_____
	_____	_____
3.	_____	_____
	_____	_____
	_____	_____
	_____	_____

\* Required

**Platinum sponsorship includes a full-page program ad (8" high x 5" wide), and one (1) Tee Sign.** Ads may be submitted in hard copy (camera ready) or on disk using pdf, jpeg or tif formats, or via email attachment to: [ptterri@saintjosephri.com](mailto:ptterri@saintjosephri.com). **Ads must be received by April 12 to assure inclusion in the program.**

To use your AMEX, VISA or MasterCard for payment, call Paula at 401.456.3072.

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](http://www.fatimahospital.com)