

# St. Joseph Health Services of Rhode Island

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

Monday - May 10, 2010



### Silver Sponsor - \$3,000

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

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

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

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

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

Our foursome is as follows: (PLEASE PRINT OR TYPE) \_\_\_\_\_ Handicap \*

_____	_____
_____	_____
_____	_____
_____	_____

\* Required

**Silver 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.

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