

St. Joseph Health Services of Rhode Island

22nd Annual Golf Tournament

Monday - May 10, 2010



Tee Sponsor - \$250

Deadline for Tee Sponsors is Friday, April 19, 2010

(PLEASE PRINT OR TYPE)

Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Direct Phone No: _____

Email: (Required) _____ Fax: _____

Tee Sign should read:

LIMIT: 2 lines, 14 characters each, 28 characters total.

Sign measures 18" high x 24" long and has the **St. Joseph Health Services** logo

Text only, please; Sorry, we cannot accommodate corporate logos.

_____ Tee included with sponsorship; No separate payment due at this time.

_____ 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.

Email: ptterri@saintjosephri.com

Questions? Call 401.456.3072, or visit us online at www.fatimahospital.com