



Hollings Cancer Center's
15th Annual Golf Tournament
September 20, 2010
· Turtle Point · Kiawah Island Golf Resort ·

LETTER OF INTENT

Making Hope a Reality for Cancer Patients in South Carolina

CONTACT INFORMATION

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

SPONSORSHIP OPPORTUNITES

Please refer to the Sponsorship Levels page for a description of benefits associated with your selected sponsorship.

Title Sponsor (\$15,000)

Team & Tee Sponsor (\$2,500)

Platinum Sponsor (\$10,000)

Foursome (\$1,500)

Gold Sponsor (\$7,500)

Tee Signage (\$500)

Silver Sponsor (\$5,000)

ADDITIONAL DONATION OPPORTUNITIES

Additional contributions may be made to the Hollings Cancer Center. As no benefits are provided in exchange for your gift, the full amount of your contribution will be tax-deductible.

I/We would like to provide an additional gift to support the Hollings Cancer Center
Enclosed is my/our gift of \$ _____

METHOD OF PAYMENT

A Check is enclosed (checks payable to MUSC Foundation- Hollings Cancer Center)

Please charge to my/our: American Express MasterCard VISA

Card Number: _____ Expiration date: _____

Name (as it appears on card): _____

Cardholder signature: _____

PLEASE RETURN THIS PLEDGE FORM & PAYMENT TO:

Hollings Cancer Center · Attn: Jenny Gilson
86 Jonathan Lucas Street · MSC 955 · Charleston, SC 29425
Phone: (843) 792-1669 · Fax: (843) 792-4233
Email: Gilson@musc.edu

MUSC Foundation Federal Tax ID #57-6028985

Please list golfers on back of form and return to Hollings Cancer Center

GOLFERS

Name (1) _____
Title _____
Company _____
Address _____
City, State Zip _____
Phone _____
Email _____
Handicap _____

Name (2) _____
Title _____
Company _____
Address _____
City, State Zip _____
Phone _____
Email _____
Handicap _____

Name (3) _____
Title _____
Company _____
Address _____
City, State Zip _____
Phone _____
Email _____
Handicap _____

Name (4) _____
Title _____
Company _____
Address _____
City, State Zip _____
Phone _____
Email _____
Handicap _____

