



THE SISTERS OF ST. FRANCIS OF PHILADELPHIA

FIFTEENTH ANNUAL

Golf Tournament

Yes! I will participate in the Sisters of St. Francis of Philadelphia's Fifteenth Annual Golf Tournament.

NAME

COMPANY NAME (IF APPLICABLE)

ADDRESS

CITY/STATE/ZIP

PHONE

E-MAIL

HANDICAP

SHIRT SIZE

Attending Dinner: Yes No
 Beef Salmon Vegetarian

Please list other players and guests on the reverse side of this card.

Enclosed (indicate number of participants)

Players at \$325 per person \$ _____
 Foursome at \$1,200 \$ _____
 Dinner only at \$100 per person \$ _____

I wish to:

sponsor a Sister of St. Francis to play golf (\$325) \$ _____
 sponsor a Sister of St. Francis for dinner (\$100) \$ _____

I wish to be a:

Silver Sponsor at \$1,000 \$ _____
 Bronze Sponsor at \$500 \$ _____
 Pewter Sponsor at \$250 \$ _____

For other sponsorship opportunities, contact Sharon Tracy at (610) 558-5352, stracy@osfphila.org.

I am unable to attend but wish to support the ministries. \$ _____
Total enclosed \$ _____

Checks payable to Sisters of St. Francis Foundation. Return by September 11, 2009.

PLAYERS (PLEASE INCLUDE CONTACT INFORMATION FOR ALL PARTICIPANTS):

Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email _____

Handicap: _____ Shirt Size: _____

Attending Dinner: Yes No

Beef Salmon Vegetarian

Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email _____

Handicap: _____ Shirt Size: _____

Attending Dinner: Yes No

Beef Salmon Vegetarian

Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email _____

Handicap: _____ Shirt Size: _____

Attending Dinner: Yes No

Beef Salmon Vegetarian

Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email _____

Handicap: _____ Shirt Size: _____

Attending Dinner: Yes No

Beef Salmon Vegetarian

DINNER-ONLY GUESTS (FEES ENCLOSED):

Name: _____

Beef Salmon Vegetarian

Name: _____

Beef Salmon Vegetarian

PLEASE CHARGE MY CREDIT CARD (CHECK ONE): Visa MasterCard

AmEx Discover

Account Number: _____

Expiration Date: _____

Print name as it appears on card:

Signature:
