

The Lenny Liporace
Charity Golf Tournament
To Benefit The
Hoosick Falls Health Center Foundation
July 30, 2010
Hoosick Falls Country Club

TEE BOX SPONSOR FORM

Contact Name: _____

Address: _____

City / State / Zip: _____

Phone Number: _____ Fax# _____

Please fill out completely so we can Thank You appropriately.

Enclosed is my check for \$100 to be a Tee Box Sponsor.

Please attach check made payable to The Hoosick Falls Health Center Foundation, Inc.

OR

Credit Card: _____ Exp _____

How I wish my name / my company's name to appear on the Tee Box:

Return to: Hoosick Falls Health Center, Inc.

PO Box 100

Hoosick Falls, New York 12090

Attn: Jill Greene