

LaLonde Charity Golf Outing 2014

Name: _____

Hole Sponsor \$ _____ Preferred Hole # _____

1 golfer \$125** 4 player team \$500**

** Some kind of discount will be given to veterans.

Wine Tasting \$45 Dinner \$65 Wine Tasting & Dinner \$85

Payment Options (Circle One): Cash Check Payroll Deduct Credit Card
(form below)

Upon signing this form, we will bill your credit card for the amount indicated in U.S. Dollars .

Donors Name: _____

Amount: _____

Card Type: VISA MasterCard American Express Discover

Card Number: _____ Expires: _____

Visa and M/C Security Code (3 digit number on the back of your card) _____

American Express Security Code (4 digit code on the front) _____

Name (as it appears on the card): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Complete Credit Card Authorization Form Return to: Marjeta Ferrans

Return by fax to Attention: Marjeta

Fax Number 248-377-0959

Or email to mferrans@goacegroup.com