



MCLAREN CARDIOVASCULAR INSTITUTE MAT GABERTY GOLF CLASSIC

Monday, August 24 – Wyndgate Country Club, Rochester Hills

GOLF FOURSOME PURCHASE FORM

Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Contact: _____ Phone Number: _____

Email Address: _____

- [] Eastwynd Course Foursome Only (FMV \$760).....\$1,500
[] Westwynd Course Foursome Only (FMV \$560).....\$ 800

Total Amount: \$ _____

Payment Method (Check or Credit Card Accepted):

Payment Enclosed: ___ Yes ___ No, please invoice me.

Please check: Visa MasterCard Discover American Express

Credit Card # _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

Make checks payable to:

**McLaren Macomb Foundation
1000 Harrington Boulevard
Mount Clemens, Michigan 48043**

*McLaren Macomb Foundation is a public foundation with exemption status under 501(a) of the Internal Revenue Code as described in Section 501(c)(3) for charitable organizations.
Federal Tax I.D. number 38-2578873*

