



UNITED HOSPITAL FOUNDATION

Registration

Monday, July 31, 2017

1. Registration

Company Name _____

Name _____

Address _____

City/State/ZIP _____

Phone _____

2. Payment Method

☐ Check payable to: United Hospital Foundation ☐ Pledge (*invoice will be sent*)

☐ Discover ☐ Mastercard ☐ Visa ☐ American Express

Cardholder's Name _____

Card Account# _____ Exp. date _____

Cardholder's Signature _____

☐ \$5,000 (\$4,280 tax deductible) ☐ \$3,500 (\$2,780 tax deductible) ☐ \$2,500 (\$1,780 tax deductible)

☐ \$1,500 (\$1,500 tax deductible)

☐ Individual entry fee \$400 (\$220 tax deductible)

☐ Outright donation \$ _____

3. Select Format of Play

☐ Competitive 2-person Best Ball (7:30 a.m. shotgun)

☐ Traditional Foursome Scramble (12:30 p.m. shotgun)

Names of golfers participating

The entry fee is non-refundable. Opportunities to participate in contests and raffle throughout the course.
For questions, call Allison Herbst at 651-241-8073 or allison.herbst@allina.com.

United Hospital Foundation | 333 Smith Avenue North | Saint Paul, MN 55102

