

TIME OF REMEMBRANCE

GOLF TOURNAMENT

Donation Receipt Form
Time of Remembrance
EIN 26-4457395

TIME OF REMEMBRANCE
552 Charbonneau Drive
Richland, WA. 99352 509-750-5687

wa.remembrance@gmail.com

www.timeofremembrance.org

Donor/Business Name: _____

Name of Contact if different than Donor: _____

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

Phone: _____ Email: _____

Donation/Item Name (Check appropriate box(es):

Donation to support Raffle: () **Donation to support Cause: ()** Hole Sponsor () \$100.00

() Level 2 Sponsor \$250.00 () Level 3 Sponsor \$500.00 () Level 4 Sponsor \$750.00

() Gift certificate () Item(s) is/are enclosed

Type of item: () Cash Cash Amount: \$ _____

() Service _____ Donor Stated Value: \$ _____

() Merchandise _____ Donor Stated Value: \$ _____

() Gift Certificate _____ Donor Stated Value: \$ _____

() Other _____ Donor Stated Value \$ _____

Please have items donated no later than June 15th so that you may receive acknowledgement.

SAGE HILLS GOLF COURSE, 10400 Sage Hills Road SE ,Warden WA.

SATURDAY JUNE 19, 2021

SHOTGUN START 10:00 AM

\$80.00 Per Player

\$320.00 Foursome Team

Team Name _____

Captain _____ Amount Paid _____ Method of payment _____

Player 2 _____ Amount Paid _____ Method of payment _____

Player 3 _____ Amount Paid _____ Method of payment _____

Player 4 _____ Amount Paid _____ Method of payment _____

You can bring this sheet with payment on the day of tournament or mail completed sheet with payment.

Or go to register at tor-events.org.

Thank YOU!! We appreciate your generosity and kindness.

2021 TIME OF REMEMBRANCE Committee Members.