



making headway foundation

A Foundation Dedicated to the Care, Comfort and Cure of Children with Brain and Spinal Cord Tumors

Yes, I will attend.

PARTICIPATION

QUANTITY	ENTRY FEE
_____	\$750 Foursome
_____	\$200 Single Entry
_____	\$ 75 Lunch Only

Please provide attendee names below. Lunch guests need only fill out the contact information.

We will help with a Sponsorship

SPONSORSHIPS

- _____ \$5,000 Presenting Sponsor *
- _____ \$3,500 Lunch Sponsor **
- _____ \$2,500 Beverage Sponsor **
- _____ \$2,000 Tee Gift Sponsor **
- _____ \$500 Contest Hole Sponsor **
- _____ \$100 Tee Sign
(please indicate wording)

(* 1 available; **2 available)

REGISTRATION FORM

Please register by October 1, 2014

Brian McCabe Drive For A Cure Golf Outing

Contact Name _____

Player 1 Name _____

Company _____

Player 2 Name _____

Address _____

Player 3 Name _____

City, State, Zip _____

Player 4 Name _____

Phone _____

Email _____

CIRCLE ONE

The above address is: HOME or BUSINESS

Enclosed is my check for: _____

I cannot attend but would like to donate \$ _____

PAYMENTS BY CHECK:

Send with this form to:

Drive for a Cure Golf Outing
Making Headway Foundation
115 King Street
Chappaqua, NY 10514

PAYMENTS BY CREDIT CARD:

You may pay online by using our secure website

[CLICK HERE FOR ONLINE REGISTRATION](#)

or call our office to order by phone.

914-238-8384

A portion of your fees will be tax deductible to the extent allowed by law.

All funds received will be acknowledged with a letter following the tournament with the exact amount of the allowable deduction.