

Riverwood
Healthcare Center & Foundation
cordially invites you to the



Friday, July 12th

Cuyuna Rolling Hill Golf Course

\$125 Per Person

10:00 a.m. Registration

11:00 a.m. Lunch

12:00 p.m. Shotgun Start

*Light dinner will be served
after tournament.*



Contact us at peklund-fisher@riverwoodhealthcare.org or (218) 927-8286

Return this portion in enclosed envelope

Name/Organization _____

Email _____

Phone _____

Address _____

City _____ State _____ ZIP _____

Names of persons attending (Required for registration)

(see reverse side)



2019 GOLF CHARITY EVENT

Supporting Dialysis in Aitkin County

Eagle Sponsor: \$1250+



Birdie Sponsor: \$750+



Par Sponsor: \$500+



Bogie Sponsor: \$300+



Tee/Green: \$150



Team Sponsor: \$500
Includes 4 person Team Package



Return this portion in enclosed envelope

☐ Sorry, I can't attend, but please accept my donation of \$ _____

☐ YES, I would like to support the Dialysis in Aitkin County as a _____ sponsor.

☐ **Hole in One: \$2,000** | This premier sponsorship opportunity includes 4 person Team package, Team Super Ticket & Tee/Green Sponsorship

☐ Include (1) Team Super Ticket (\$200)

☐ Include Individual Super Ticket (\$50)

☐ Check Enclosed—Make payable to Riverwood Foundation

☐ Please Invoice me

☐ Charge my Gift to: [] Visa [] Mastercard [] Discover

Card Number _____ Expiration Date _____ Security Code _____

Card Holder's Signature _____