

The MHE Research Foundation



Wings of HOPE as we REACH for the CURE to Multiple Hereditary Exostoses

8TH ANNUAL MHE RESEARCH FOUNDATION GOLF OUTING MONDAY, AUGUST 26TH, 2024

Personal Information (This section must be completed)

Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Email: _____
 Phone: _____ Cell _____

PLEASE CIRCLE YOUR SPONSORSHIP LEVEL BELOW:

DIAMOND TOURNAMENT SPONSOR \$10,000

- ✓ 8 golfers
- ✓ Display your banner & tee signage
- ✓ Special recognition

PLATINUM DINNER HALL SPONSOR \$5,000

- ✓ 4 golfers
- ✓ Display your banner & tee signage
- ✓ Special recognition

GOLD GOLF CART SPONSOR \$3,000

- ✓ 4 Golfers
- ✓ Special signage on all golf carts

SILVER LUNCH SPONSOR \$1,500

- ✓ 2 Golfers
- ✓ Special Signage on lunch tables

BRONZE HOLE SPONSOR \$700

- ✓ 1 Golfer
- ✓ Special Signage

PUTTING GREEN SPONSOR \$500

- *GOLFER NOT INCLUDED
- ✓ Signage on Putting Green

HOLE SPONSOR \$350

- *GOLFER NOT INCLUDED
- ✓ Signage at hole

INDIVIDUAL GOLFERS \$200

DINNER ONLY (no golf) \$75

Sorry, I/We cannot attend the Classic. Please accept the enclosed donation:
 \$ _____

NOTE - Your contribution less \$175 per golfer is tax deductible.
 (Tax ID# 42-1722962)

TALAMORE COUNTRY CLUB

**723 Talamore Drive
 Ambler, PA 19002
 Talamorecc.com
 (215) 641-1300**

Please list the Additional Golfer's Names (\$200 per golfer)

1. _____
2. _____
3. _____

Add additional golfers to mailing list. (contact info on back).

Sponsorship Level or Golf Fee \$ _____
Dinner Only (\$75/pp) \$ _____
Total Payable to MHERF \$ _____

To Register Online go to:
www.mherf.org/golf-outing-pa

PAYMENT INFORMATION

Please make checks payable to:
MHE Research Foundation: 8019 Harbor View Terrace, Brooklyn, NY 11209

If you are paying by credit card, please complete all of the information below.

Please charge my VISA MasterCard AMEX

AMOUNT \$ _____ Card# _____

Exp ___/___/___ Security Code _____

Signature _____