

G-MAN JACKIE SHERRILL SHOOTOUT

Monday, May 1, 2017 • Stonebridge Ranch Country Club • McKinney, Texas

Donor Form

- CLUB SPONSOR** | \$12,000
- DINNER SPONSOR** | \$5,000
- HOLE CONTEST SPONSOR** | \$4,000
- ENTERTAINMENT SPONSOR** | \$2,500
- BEVERAGE CART SPONSOR** | \$2,000
- DRIVING RANGE SPONSOR** | \$1,500
- FBIAA PRESIDENTIAL SPONSOR** | \$1,000
- TEE BOX SPONSOR** | \$500
- ALLIES IN SERVICE SPONSOR** | \$500

Donor: _____

(Please list your name as you wish for it to appear in the program.)

Please check one: Individual Organization

Contact Information:

Last Name: _____ First Name: _____

Title (if representing an organization): _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Name of person(s) who contacted you to support the Shootout: _____

Description of Prize Donation: _____ Estimated Value: \$ _____

If a certificate is needed to redeem this prize, please check one option below: Certificate is enclosed.
 Please use this form as the certificate. Certificate will follow. Please have the hospital create a certificate.

Monetary Contribution: \$ _____

Type of Card: VISA MasterCard American Express Discover

Name of Cardholder: _____

Card Number: _____

Expiration Date: Month: _____ Year: _____ Security Code: _____

Is this a company credit card? Yes No

If yes, please provide company name: _____

Signature: _____

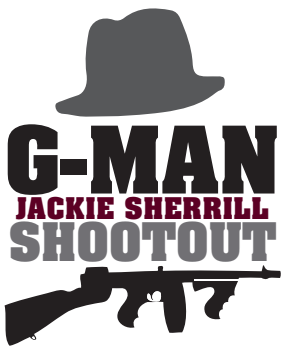
Please make checks payable to: Texas Scottish Rite Hospital for Children
Your contribution is tax-deductible to the extent allowed by law.

Please return this form to:

Texas Scottish Rite Hospital for Children
G-Man Jackie Sherrill Shootout
2222 Welborn Street, Dallas, Texas 75219
or Fax: 214-559-7657



For additional information, please contact the
Special Events department at
214-559-7656 or 800-421-1121, ext. 7656.



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Sponsor Entry Form

I wish to participate in the
2017 G-Man Jackie Sherrill Shootout:

TITLE SPONSOR | \$25,000

PRESENTING SPONSOR | \$10,000

PLATINUM SPONSOR | \$5,000

GOLD SPONSOR | \$2,500

Player Information

Last Name: _____

First Name: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____

Shirt Size: _____

IF YOU HAVE ARRANGED TO PLAY WITH OTHERS, PLEASE LIST THEM BELOW. BE SURE TO PROVIDE ALL CONTACT INFORMATION.

Player Information:

2. Last Name: _____ First Name: _____ Company: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____ Shirt Size: _____

3. Last Name: _____ First Name: _____ Company: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____ Shirt Size: _____

4. Last Name: _____ First Name: _____ Company: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____ Shirt Size: _____

Monetary Contribution: \$ _____

Type of Card: VISA MasterCard American Express Discover

Name of Cardholder: _____

Card Number: _____

Expiration Date: Month: _____ Year: _____ Security Code: _____

Is this a company credit card? Yes No

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