



Facility Donor Program

Name of Golf Facility:

(Used for recognition purposes)

Address:

Contact Information:

Full Name

Email Address

Phone Number

Donation (please circle one):

\$250

\$500

\$1,000

Golden Tee Club level

Please select only one of the four payment options below:

1.	Check Enclosed:	Made payable to the GCSAA Foundation
2.	Credit Card:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Card #: _____ - _____ - _____ - _____ Exp. Date: ____ / _____ Cardholder name: _____ <i>(Please print)</i> Cardholder signature: _____
3.	Payment Plan: <i>(Circle credit card or invoice)</i>	Please charge my <u>credit card</u> above or <u>invoice</u> me quarterly beginning: ____ ____ ____ mm dd yr
4.	Please send invoice for full amount to:	Facility Name: _____ Contact: _____ Address: _____ City, State, Zip: _____

I would like more information on hosting a First Green field trip.

Please return your donation and payment information to the address below:

GCSAA Foundation
 1421 Research Park Drive
 Lawrence, KS 66049