

Donation Form



Cheshire - Milgate Golf Classic – July 28, 2014

Proceeds to benefit the Kirch Center's music therapy program at the Golisano Children's Hospital

Donor Information (please print or type)

Organization Name _____

Billing address _____

City, Street, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Contact Name _____

Donation Information

I (we) will donate the following activity/item(s):

To be redeemed by: Dec. 31, 2014 Aug 1, 2015 No Expiration

I (we) plan to make this contribution in the form of: gift certificate(s) letter item(s) other.

Another Gift will be made by (company/family/foundation) _____

check enclosed check to be mailed or A cash donation of \$_____ will be delivered at the tournament

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please let us know if you want us to pick up the item
Or if you will be mailing your donated items.

Pick up: ___ Best Day(s) Hours (s) _____

Will Mail: ___ Faxed with this form: ___

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Attn: Justin Cheshire, Cheshire AV

85 Jay Street, Rochester, NY 14608

Ph: 585-303-7534 Fax: 585-325-4248