



Response Form

Name: _____
Last First Company

Address: _____
Street Address Unit #

City State ZIP Code

Phone: _____ Email: _____

Credit Card: Visa MasterCard Discover American Express

Credit Card # Expiration Date

Check: I have enclosed a check payable to the USC Norris Comprehensive Cancer Center

- | | |
|--|---|
| <input type="checkbox"/> Title Sponsor (\$25,000) | <input type="checkbox"/> Cocktail Sponsor (\$3,500) |
| <input type="checkbox"/> Presenting Sponsor (\$10,000) | <input type="checkbox"/> Birdie Sponsor (\$2,500) |
| <input type="checkbox"/> Eagle Sponsor (\$5,000) | <input type="checkbox"/> Foursome Sponsor (\$2,000) |
| <input type="checkbox"/> Golf Cart Sponsor (\$5,000) | <input type="checkbox"/> Tee Sponsor (\$1,000) |
| <input type="checkbox"/> Lunch Sponsor (\$5,000) | <input type="checkbox"/> Individual Golfer (\$500) |
| <input type="checkbox"/> Dinner Sponsor (\$5,000) | <input type="checkbox"/> Dinner Reservation (\$50) |
| <input type="checkbox"/> UNABLE TO ATTEND – I wish to make a donation in the amount of \$_____ | |

Player Information

Player 1: _____ Shirt Size: _____ Handicap: _____

Player 2: _____ Shirt Size: _____ Handicap: _____

Player 3: _____ Shirt Size: _____ Handicap: _____

Player 4: _____ Shirt Size: _____ Handicap: _____

Please mail, email or fax form to:
 Lee A. McCabe
 USC Norris Comprehensive Cancer Center
 1441 Eastlake Avenue, Suite 8302
 Los Angeles, CA 90089
 Phone: 323.865.0977 Fax: 323.865.0159
 Email: lee.mccabe@med.usc.edu

The fair market value of goods and services received is \$75.00 per ticket. The remainder is a donation and is tax deductible to extent allowed by law. USC Tax Identification #95-1642394