

Registration Form

Contact Information

Company _____

Contact Name _____

Email _____

Billing Information _____

Phone/Cell _____

Please email player names/handicaps to Jon Medin, jmedin@mercyurgentcare.org

- Presenting sponsor \$5,000
- Tee sponsor \$500
- Premier sponsor \$2,500
- Individual player \$150
- Showcase sponsor \$1,000
- Additional donation \$_____
- Team \$600

\$ _____ Total Sponsorship

Send check payable to Catherine McAuley MERCY Foundation (CMMF), PO Box 16367, Asheville, NC 28806; or sign up on line at www.cmmf.kindful.com [MasterCard, Discover, VISA, American Express]



WNC Bridge Foundation, 2024 Defending Champions

In-Kind Sponsor *(please list items donated and value of donation)*



Don't miss out! cmmf.kindful.com/e/2025-mercy-golf-classic

Business Development Manager Jon Medin jmedin@mercyurgentcare.org | 828.252.3443

Catherine McAuley Mercy Foundation 501(c)3 organization; Tax ID 23-7075024

