



**2019 NuHealth Foundation Golf Outing
Golfer and Sponsorship Reservation Form**

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Email: _____

I would like to participate in the 2019
NuHealth Foundation Golf Outing at the
_____ sponsorship level.

I am unable to attend. Please accept my
donation to the NuHealth Foundation.

The NuHealth Foundation is a 501(c) 3 non-profit organization created with a sole purpose to generate philanthropic funds needed to enable patients of the NuHealth System to receive the best possible care. The NuHealth System includes Nassau University Medical Center, A. Holly Patterson Extended Care Facility and Long Island Federally Qualified Health Centers; all providing quality care to hundreds of thousands of Long Islanders, including those who are underserved, uninsured and often overlooked.

Payment Options

Please make check payable to: NuHealth Foundation

Please bill my: MC Visa Amex

Account number: _____

Expiration Date: _____

_____ CVV Code (3 or 4 digit Security Code):

Authorization/Signature:

Billing Name: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Or Check # _____

The following are in my foursome / individuals will be assigned to a foursome:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Please make your reservation by August 8, 2019

Mail reservation form and payment to:

Linda Walsh, CTRS
Executive Director, NuHealth Foundation
2201 Hempstead Turnpike, Box 455
East Meadow, NY 11554

O: 516.296.4934 | C: 516.554.6987