

**2021 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 2021 NuHealth Foundation Golf Outing at the \_\_\_\_\_ sponsorship level.

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

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 September 29 2021

Mail reservation form and payment to:

Linda Walsh, CTRS

Executive Director, NuHealth Foundation

2201 Hempstead Turnpike, Box 455

East Meadow, NY 11554