



2022 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 2022 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 July 27, 2022

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

E: lwalsh@numc.edu