Third Annual St. Peregrine Charity Golf Tournament Sponsorship

Saturday, May 1, 2010 Arizona Golf Resort Mesa, AZ

Join **Fox 10 News Anchor Troy Hayden** at the tournament or show your support through a sponsorship. Your contribution will help us serve the thousands of people diagnosed with cancer in Arizona and the many that travel to the Phoenix Valley for treatment.
EIN #30-0513890

☐ **$250** - Your name or company name on main display board and one golf tournament registration (includes all privileges, commemorative golf shirt, and prime rib dinner)

☐ **$500** - Your name or company name on main display board and two golf tournament registrations (includes all privileges, 2 commemorative golf shirts, and 2 prime rib dinners) and custom sign on putting green.

☐ **$1,000** - Your name or company name on main display board and four golf tournament registrations (includes all privileges, 4 commemorative golf shirts, and 4 prime rib dinners), one custom sign on putting green and one sign at hole.

☐ **$110** - Sponsor a golf registration & dinner for person affected by cancer.

☐ I would like to donate goods or services for drawing and/or raffle.

☐ I would like to donate $ _____ to the St. Peregrine Shrine.

The newly opened **St. Peregrine Shrine** at Christ the King in Mesa, is Arizona's first 24-hour adoration chapel devoted to serving persons of all faiths affected by cancer. The St. Peregrine Shrine offers one-on-one peer support from volunteers trained by the American Cancer Society, cancer resources, wigs, treatments supplies, medical equipment loan (such as wheelchairs and walkers), spiritual support, prayer shawls, education, and community outreach - All free of charge.

Contact Name & Company Name: _____
Name on Display Board (if applicable): _____
Address: _____
Phone: _____ website: _____ email: _____

Pay by credit card or make checks payable to Christ the King. Mail to Christ the King Catholic Church; 1551 E. Dana Avenue; Mesa, AZ 85204). Any electronic files for signs must be received by **April 15, 2010.**

Type of Card (circle): MC Visa Discover
Name on Card: _____
Billing Address: _____
Phone: _____ Card Number: | | | | | - | | | | | - | | | | | - | | | | |
Security Code: _____ Exp. Date ____/____

www.cancershrine.org 480-844-4493