

2023 SPRING ALUMNI WEEKEND GOLF REGISTRATION

Contact Information:

Name _____

Class Year or
Company Name _____

E-mail _____

Telephone _____

Team Members/Name of Players:

1. _____

2. _____

3. _____

4. _____

Golf Sponsorship:

- | | |
|---|---------|
| <input type="checkbox"/> Bronze Sponsor (1 player) | \$500 |
| <input type="checkbox"/> Silver Sponsor (2 players) | \$1,000 |
| <input type="checkbox"/> Gold Sponsor (4 players) | \$2,000 |

Golf Payment:

- | | |
|---|---------|
| <input type="checkbox"/> Team Registration (4 players) | \$800 |
| <input type="checkbox"/> Player Registration (No. of players) _____ | x \$200 |

Please note that all contributions are tax-deductible to the fullest extent allowable by law. For participants in the golf tournament, \$85 per golfer will be considered fair market value for the benefit received. The remainder of each payment will be accepted as a gift to the SIU School of Dental Medicine to support faculty recruitment and retention efforts, including the SDM Prophy Cup Challenge Faculty Recruitment and Retention Endowment.

Payment

- Please accept my donation and payment in the amount of \$ _____
- I cannot attend, but please accept my tax-deductible contribution \$ _____

Check:

Please make all checks payable to:
SIUE FOUNDATION

Credit Card:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> VISA |
| <input type="checkbox"/> Discover | <input type="checkbox"/> American Express |

Card # _____

Expiration Date: _____

CVV (security code): _____

Name on Card: _____

Signature: _____

Billing Address: _____

City/State/Zip: _____

DEADLINE for entry is April 28, 2023

Mail To:

SIU School of Dental Medicine
Attn: Golf Tournament
2800 College Ave., Building 271
Alton, IL 62002

Any Questions or to Register by Phone: 618-474-7271