



CROHN'S & COLITIS FOUNDATION OF AMERICA

*CCFA Golf Classic
June 15th, 2009
Mequon Country Club*

___ An **in-kind donation** to be used as a raffle prize or auction item, including acknowledgement in the event program and in the Wisconsin Chapter e-newsletter (approximate circulation: 2,800)

Item donated _____ Value\$ _____

___ We support CCFA with a donation \$ _____

___ We are unable to participate as this year, but please keep us on your list for next year.

Company Name: _____ (as you would like it to be listed)

Contact Name: _____ Phone: _____ Email _____

Address: _____

City: _____ Zip _____

Checks are to be made payable to: CCFA -Wisconsin
Suite S-210A
1126 S. 70th St.,
West Allis, WI 53214

OR, please bill my credit card:

___ Visa ___ MasterCard ___ Discover ___ American Express

Account Number _____ Exp. Date _____

Signature _____

Thank you for your support! Please make a copy of this form for your records.