

# **\$1,000,000 Shoot Out™ Charity Golf Outing**

## **Confirmation Form**

Monday, August 6, 2012  
Maple Bluff Country Club



Yes, I wish to support this year's \$1,000,000 Shoot Out™ Golf Outing.  
Please sign me up at the level indicated below.

- |   |  |
|---|--|
| <input type="checkbox"/> Titanium Sponsor*, \$10,000  | <input type="checkbox"/> Cart Sponsor, \$1,000         |
| <input type="checkbox"/> Platinum Sponsor*, \$5,000   | <input type="checkbox"/> Beverage Cart Sponsor, \$500  |
| <input type="checkbox"/> Gold Sponsor*, \$3,000   | <input type="checkbox"/> Hole Sponsor, \$400           |
| <input type="checkbox"/> Silver/Awards Dinner Sponsor*, \$2,500                             | <input type="checkbox"/> Putting Green Sponsor, \$375  |
| <input type="checkbox"/> Bronze Sponsor, up to \$2,499                                      | <input type="checkbox"/> Chipping Green Sponsor, \$375 |
| <input type="checkbox"/> Lunch Sponsor, \$2,500   | <input type="checkbox"/> Flag Event Sponsor, \$275     |
| <br>  |  |
| <input type="checkbox"/> Corporate Sponsor*, \$1,300 (Early Bird Rate \$1,250 until July 1) |  |
| <input type="checkbox"/> Individual Golfer(s)*, \$275 (Early Bird Rate \$250 until July 1)  |  |
| <input type="checkbox"/> Dinner Only* (\$50)  |  |

\*Please include the names of the golfers or dinner guests on the back of this form.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I will send our logo by email to [kristin.larson@alzwissc.org](mailto:kristin.larson@alzwissc.org). (Logo files should be *eps* or *tif* format, minimum 300dpi and PC compatible.)

**Payment Information:**  Check (made payable to the Alzheimer's & Dementia Alliance of Wisconsin)  
 Credit Card

Card Type:  VISA  MasterCard

Card Number: \_\_\_\_\_ CVV Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

For more information contact:  
Paul Rusk, 608.232.3405, [paul.rusk@alzwissc.org](mailto:paul.rusk@alzwissc.org)  
Miriam Boegel, 608.232.3409, [miriam.boegel@alzwissc.org](mailto:miriam.boegel@alzwissc.org)  
Kristin Larson, 608.310.8780, [kristin.larson@alzwissc.org](mailto:kristin.larson@alzwissc.org)

Alzheimer's & Dementia Alliance of Wisconsin  
517 N. Segoe Rd., #301, Madison, WI 53705  
Tele: 608.232.3400 Fax 608.232.3407 [www.alzwissc.org](http://www.alzwissc.org)

**Please list the names of the golfers or dinner guests below:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_