



Wednesday, August 22, 2018
Lake of Isles, Foxwoods Resort Casino



2018 Cornell Scott Memorial Golf Classic Donation Form

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Individual Donor Name/Company Name: _____

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TYPE OF DONATION:

Gift Certificate/Card Gift Basket Product Samples Brochures/Pamphlets **Estimated Value: \$** _____

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TRANSPORTATION OF DONATION:

Donor will deliver/mail donation to CHNCTF Donation needs to be picked up

Specific Terms, Expiration Dates, Restrictions, Instructions: _____

By signing this release, I grant CHNCT Foundation permission to link from its website and/or social media accounts to my website and/or social media accounts. By signing this release, I also grant CHNCT Foundation permission to use my business name and/or business logo on its website and/or social media sites, as well as in its marketing materials, if applicable, related to this donation form.

Donor Signature: _____ Date: _____

Please keep a copy of this form for your records and fax/mail with your donation to:
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