



Philomath Booster Club Donor Form

Gary Cox Memorial Philomath Warrior Golf Scramble 2023

Donor Information

Name _____

Address _____

City, State, Zip Code _____

Email _____

**A high-quality business/team logo is needed for Golf Scramble donor identification purposes.
Please email logo no later than May 1st to philomathboosters@hotmail.com**

Donation Information

Sponsorship Level

Event Sponsor (\$1,500) Team Name: _____

Lunch Sponsor (\$500) Team Name: _____

Corporate Sponsor (\$250) Team Name: _____

Gold (Hole) Level (\$100) Number of Holes to Sponsor (\$100 per hole): _____

Black (Golf Cart) Level (\$50) Number of Carts to Sponsor (\$50 per cart): _____

Gift/Prize Item(s) Value of Item: _____

Gift Card/Certificate Value of Item: _____

Payment Method

Check (make payable to):
 Philomath Booster Club
 PO Box 1088
 Philomath, OR 97370

Credit Card:

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Thank you for supporting Philomath Athletics and Activities!