

**2011 HOPE for Children Charity Golf Classic
INVOICE**

DATE: _____

REQUESTOR:

NAME _____

DEPARTMENT/TITLE _____

COMPANY _____

ADDRESS _____

CITY, STATE ZIP _____

PHONE _____

E-MAIL _____

REF: GOLF SPONSORSHIP LEVEL: _____

2011 HOPE for Children Charity Golf Classic

July 25, 2011 – The Reserve Vineyards & Golf Club

AMOUNT DUE: \$ _____

Make check payable to: Providence Newberg Health Foundation

Federal Tax ID#: 93-0889144

Please remit to: Providence Newberg Health Foundation

ATTN: GOLF

1001 Providence Drive

Newberg, OR 97132

Thank you. We appreciate your support.



Diana Fisher
Executive Director