



REGISTRATION FORM

DONOR/PARTICIPANT INFORMATION

Name or Company _____

Billing Address _____

City _____

State _____

ZIP Code _____

Telephone _____

Fax _____

E-Mail _____

TICKET PURCHASE

- Foursome (\$2,500) Twosome (\$1,250) Single (\$625) Dinner & Auction only (\$250/person)

Participant 1 _____

Participant 2 _____

Participant 3 _____

Participant 4 _____

Note: The amount of your contribution that is deductible for federal income tax purposes is limited to the portion of your contribution that exceeds the value of the goods and services provided in return. Our good faith estimate of the value of the Village of Champions dinner is \$90 per participant and our good faith estimate of the value of participation in the Fore the Care Celebrity Golf Tournament is also \$90 per participant (including greens fees, food and goods).

ALTERNATIVE DONATION OPPORTUNITIES

- I am unable to attend either event; however, I would like to make a donation to support the Cancer Concierge Services program at Stanford Hospital & Clinics.

Enclosed is my gift of \$ _____.

ACKNOWLEDGEMENT INFORMATION

Please use the following name[s] in all acknowledgments:

Name

Please make my gift

- In honor of:
 In memory of:

Name

- I prefer that my gift remain anonymous.

PAYMENT

Credit Card Visa MasterCard American Express

Credit Card Number _____

Expiration Date _____

Amount Authorized _____

Signature _____

Please make checks payable to Stanford Hospital & Clinics, and mail to:

Stanford Hospital & Clinics
ATTN: Guest Services
300 Pasteur Drive, Room H1130C
Stanford, CA 94305-5229

SPECIAL NOTES

Stanford Hospital & Clinics is a non-profit organization, Tax ID # 946174066. Please consult your tax advisor concerning the deductibility of your charitable gifts.

THANK YOU

On behalf of Stanford Hospital & Clinics, Cancer Concierge Services, and the 2007 Fore the Care Celebrity Golf Tournament and Auction committee, we thank you for your generous contribution!