



**HOLE SPONSORSHIP**

*I wish to donate \$100 to be a hole sponsor:*

Sponsor Name \_\_\_\_\_

Sponsor Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Please return this form, along with payment, payable to SCC Golf for Women's Health, no later than June 15<sup>th</sup> to:

SCC Golf for Women's Health  
Stoughton Country Club  
P. O. Box 206  
Stoughton, WI 53589  
***THANK YOU!!!***



**SILENT AUCTION/RAFFLE DONATION**

*I wish to donate an item for the silent auction/raffle prizes:*

Sponsor Name \_\_\_\_\_

Sponsor Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Donation Description \_\_\_\_\_

Donation Value \_\_\_\_\_

**Please drop items off at the Stoughton County Club  
Along with this form, no later than June 24.  
Please call 608-873-7861  
if you would like us to pick up your donation.**