# 19ᵗʰ Annual George Rozsa Golf Classic

## ✕ Please Select Payment Option

○ Pay online at www.georgerozsagolfclassic.org

○ Pay over the phone at **480.728.3931**

○ Securely mail or email form below to eastvalleyfoundation@dignityhealth.org

Contact Name/ Organization Name _____

Mailing Address _____ City _____ Sate ____ Zip _____

Email Address _____

**Golfer 1** _____ Email Address: _____ Phone: _____

**Golfer 2** _____ Email Address: _____ Phone: _____

**Golfer 3** _____ Email Address: _____ Phone: _____

**Golfer 4** _____ Email Address: _____ Phone: _____

## ✕ Sponsorship Opportunity Selected: Sponsorship Name _____ Amount _____

## ✕ Please make checks payable to:

**Dignity Health Foundation East Valley**

1727 W Frye Rd, Suite 230
Chandler, AZ 85224

## ✕ Please indicate any dietary restrictions

_____

By typing your e-signature below, (purchaser) hereto accepts this package agreement

_____ Date _____

✂ *Credit card information will be securely destroyed by fundraising entity.*

## ✕ Please Select Payment Option   ○ Visa MasterCard   ○ AMEX   ○ Discover Card   ○ Check

Card number _____

Name on card _____

Exp. Date _____ CCV _____

**Dignity Health Foundation East Valley**