

Support the Mill Neck Family

Billing Information:

Name: _____

Address: _____

City/State/ZIP: _____

Email: _____

Phone: _____

Sponsorship Type: _____

50/50 tickets: \$20 each _____

check only - tickets will be filled out on your behalf

I cannot attend, but would like to make a donation of \$_____

\$350 Golf Participant

\$250 Luxury Spa Guest

\$150 Dinner Only

Payment:

Enclosed is my check for \$_____

payable to: **Mill Neck Foundation**

Visa Mastercard Amex Discover

Card Number: _____

Exp: _____ Billing ZIP: _____

Signature: _____

Complete and mail with your payment:

Mill Neck Foundation

Attn: Donor Relations

40 Frost Mill Road

Mill Neck, NY 11765

Donate online: millneck.org

Register Here

Guest 1: _____

Address: _____

City/State/ZIP: _____

Email: _____

Phone: _____

Golf Spa Dinner Only

Guest 1: _____

Address: _____

City/State/ZIP: _____

Email: _____

Phone: _____

Golf Spa Dinner Only

Guest 1: _____

Address: _____

City/State/ZIP: _____

Email: _____

Phone: _____

Golf Spa Dinner Only

Guest 1: _____

Address: _____

City/State/ZIP: _____

Email: _____

Phone: _____

Golf Spa Dinner Only

To Register Additional Guests
Contact Samantha at 516.628.4239
or email: slordi@millneck.org

Register online: millneck.org/millneckcup