



**20<sup>th</sup> Annual Charity Golf  
Tournament  
April 18<sup>th</sup> 2020**



**Shotgun Start:  
8:30 AM**

**Tierra Santa Golf Club**

1901 Club De Amistad Weslaco, TX 78596  
(956) 973-1811

**Contact Information:**

**Maribel L. Sanchez-956-318-3383**

**Jackie Flores - 956-318-3383**

[www.dentistswhocare.us](http://www.dentistswhocare.us)



THANK YOU!

**Sponsorship Levels**

**Platinum Sponsor - \$5,000**

Includes **Three** 3-Man Team Registration, Verbal and Banner Recognition at Tournament, Logo on Website, Signs, Printed Material, Newspaper Advertisement and Media Coverage

**Gold Sponsor - \$2,500**

Includes **Two** 3-Man Team Registration, Verbal and Banner Recognition at Tournament and Logo on Website

**Silver Sponsor - \$1,000**

Includes **One** 3-Man Team Registration, Verbal and Banner Recognition at Tournament and Logo on Website

**Bronze Sponsor - \$550**

Includes **One** 3-Man Team Registration and Logo on Website

**Friends of Dentists Who Care  
(Hole Sponsors) - \$250**

**Thank you in advance for choosing to support Dentists Who Care a Non-Profit Organization. It is because of your kindness that Dentists Who Care will continue to fulfill its mission in improving and enhancing the quality of life for low income children and adults in the Rio Grande Valley through access to free oral health care.**

**Thank you,**



**20<sup>th</sup> Annual Charity Golf Tournament**  
**April 18<sup>th</sup> 2020**

**Registration Information:**

**Please Mail this Form and  
Your Tax-Deductible Donation  
Payable to:**

**Dentists Who Care, Inc.**

**3501 Moreland Dr., Ste. G**  
**Weslaco, TX 78596**

**Register by Phone:**

**(956) 318-3383**

**Fax the Form:**

**(956) 467- 4776**

**Email the Form:**

**dentistswhocare.maribel@gmail.com**

**Entry Fee: \$150 per player**

**Registration Includes:**

- Green & Cart Fees
- Food & Beverages
  - Goody Bag

**Player/Team Information**

Sponsor Name:

Address:

City, State, Zip:

Phone (Business/Cell):

E-Mail:

Player #1 & Handicap:

Player #2 & Handicap:

Player #3 & Handicap:

**Circle Level of Sponsorship:**

Platinum/ Gold/ Silver/ Bronze/ Friends

**Circle Payment of Choice:**

Credit Card / Check / Cash

**Credit Card Information:**

Card Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Total Amount to be Billed:** \_\_\_\_\_