

Please return this form in the enclosed envelope by Sept. 14th to:
Adult & Child Rehab Center, 708 Washington St., Woodstock, IL 60098

Name _____

Address _____

Daytime Phone _____

E-mail _____

Payment Info.: ___ check (payable to ACRC) ___ credit

CC# _____

Exp: Date _____

(over)

Packages:

___ Golf & Tea: \$85

___ Tea Only: \$25

Sponsorships:

___ Platinum: \$1,000

___ Gold: \$600

___ Silver: \$300

___ Tee Sign: \$100

___ I would like to make a donation.

Foursome Members (if applicable):

1. _____

2. _____

3. _____

4. _____