



WOLF LAUREL ANNUAL BENEFIT

HOSPICE ^{for} of MADISON COUNTY

AT WOLF LAUREL COUNTRY CLUB

CORPORATE SPONSORSHIP

July 13, 2024

Please send a receipt to:

Name: _____

Company Name: _____

Address: _____

City, State: _____

Attn: _____

Telephone #: _____

Email: _____

In Loving Memory or Honor Of (circle one) _____

Please send logo in JPG format for reproduction for signage and/or publicity to WolfLaurelForHospice@hotspringshealth-nc.org.

Deadline: June 27, 2024

Preferred Payment Option: PayPal/Credit Card WolfLaurelForHospice.org

or by check to you may leave in the Wolf Laurel Country Club Golf Pro Shop,
or mail to Wolf Laurel Benefit, Hospice of Madison, PO Box 69, Marshall, NC 28753

Make check payable to: Hospice of Madison

For questions/additional information contact: Cindy Kaiser cindyleekaiser@gmail.com or (941) 266-9564

Hospice of Madison is a division of the Hot Springs Health Program, a 501(c)(3) not for profit corporation