



Novato Community
Hospital

A Sutter Health Affiliate

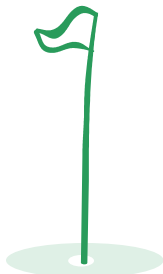
With You. For Life.

RSVP

Net proceeds from tournament will be used to purchase
Digital Mammography Equipment for Novato Community Hospital.

According to IRS Guidelines, \$60 of the tournament fee
and \$15 of the cost of dinner are tax deductible.
Marin Community Health Foundation Tax ID # 94-6127213

Marin Community Health Foundation
4000 Civic Center Drive, Suite 150
San Rafael, CA 94903
Phone: (415) 492-4730
Fax: (415) 492-4731



19th Annual Novato Community Hospital Golf Tournament



**Wednesday,
July 12, 2006**
**Indian Valley Golf Course
Novato**

RSVP requested by
Wednesday, July 5, 2006.

19th Annual Novato Community Hospital Golf Tournament

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ E-mail _____

Golfer's name, address, and email

1. _____

2. _____

3. _____

4. _____

Dinner Only guest name, address, and email

1. _____

2. _____

3. _____

4. _____

I am pleased to support the 19th Annual Novato Community Hospital Golf Tournament as indicated below:

Individual Golfer \$150 _____
 Foursome \$600 _____
 Dinner Only \$30 _____
 Mulligans Package..... \$25 _____
 Premier Drawing Ticket..... \$100 _____

Total Amount \$ _____

Enclosed is my check made payable to
 Marin Community Health Foundation \$ _____

I am unable to attend. Enclosed is my gift to
 support the purchase of Digital Mammography
 Equipment for Novato Community Hospital. \$ _____

Please bill my: Visa Mastercard American Express

Credit card #: _____

Name on card _____

Exp. Date: _____ Amount: \$ _____

Signature _____ Date _____

**You may also register on-line at
www.novatocommunity.com/golf**

RSVP requested by Wednesday, July 5, 2006