



*Novato Community  
Hospital*

A Sutter Health Affiliate

*RSVP*

*requested by July 3, 2009*

The net proceeds will be used toward the purchase of Smart Pumps at Novato Community Hospital to improve patient safety and reduce the chance of medication errors.

Contributions are tax deductible to the full extent permitted by law.

Novato Community Hospital Tax ID # 51-0206463.

**Sutter Marin Development Office**

4000 Civic Center Drive, Suite 150

San Rafael, CA 94903

Phone: (415) 492-4730

Fax: (415) 492-4731

## *22nd Annual Novato Community Hospital Golf Tournament*



**Wednesday,  
July 15, 2009**

**Indian Valley  
Golf Club**

**Novato**

# 22nd Annual Novato Community Hospital Golf Tournament

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Golfers name, address, and email:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Evening Pass guest(s) name, address, and email:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

*I am pleased to support the 22nd Annual Novato Community Hospital Golf Tournament as indicated below:*

	Quantity		Total
Individual Golfer	_____	\$165	_____
Foursome	_____	\$660	_____
Evening Pass	_____	\$30	_____
Mulligan Package	_____	\$25	_____
Premier Raffle Ticket	_____	\$50	_____
Total Amount \$			_____

Enclosed is my check made payable to  
Novato Community Hospital. \$ \_\_\_\_\_

I am unable to attend. Enclosed is my gift to support  
Novato Community Hospital. \$ \_\_\_\_\_

Please bill my:

Visa  Mastercard  Discover Card  American Express

Credit card #: \_\_\_\_\_

Name on card \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may also register online at [www.novatocommunity.com/golf](http://www.novatocommunity.com/golf)

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