



HIGHLANDER HACKER 2010 DONOR FORM

www.rochesteradamsgolf.com

DONOR INFORMATION

COMPANY NAME: _____
(IF APPLICABLE)

DONOR: _____

STREET ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: () _____ E-MAIL: _____

CONTACT PERSON: _____ PHONE: () _____
(IF DIFFERENT) (IF DIFFERENT)

DONATION INFORMATION CHECKLIST

ADAMS CONTACT PERSON: _____

ITEM DONATED: _____

SPECIAL _____

INSTRUCTIONS: _____

APPROXIMATE VALUE: _____

NAME(S) TO APPEAR IN
HACKER BACKER BOOK _____

THIS COMPLETED FORM MUST BE RETURNED TO THE COMMITTEE CHAIRPERSON FOR PROCESSING