

Sponsor-a-Night

A \$40.00 contribution to *The Family House* will give one family one night stay “A home away from home” to be close to their loved ones in the hospital.

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Yes, I want to join the Friends of the Family House. Here is my gift.

\$40.00 (equal to cost of 1-night stay)

Other: \$ _____ (Any amount is appreciated)

I wish to fulfill my commitment via:

Cash/Check

Visa

Master Card

American Express

Discover Card

If you prefer to charge your gift to a credit card, complete the information below

*Card #: _____

*Expiration Date: _____

*Verification Code: _____ (required -back of your credit card - (American Express on front of card)

*Billing Address: _____ *City/State/Zip: _____

*Signature: _____ *Phone Number: _____

IF BY CHECK PLEASE MAKE PAYABLE TO:
The Asante Foundation (Tax ID 93-6087366)

PLEASE DROP OFF OR MAIL TO:
The Family House | Attn: Golf Committee | 407 SW Ramsey Ave. | Grants Pass, OR 97527

***REQUIRED**

Advertising for the GPAR Family House Golf
Tournament will be provided by KMED 99.3 FM Radio.

