



A proud member of Sinai Health System

SCHWAB'S INAUGURAL GOLF OUTING
July 16, 2008 at Ruffled Feathers Golf Course, Lemont IL

INDIVIDUAL COMMITMENT FORM

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

(email will be used only to confirm registration and to send any pertinent information regarding golf outing)

Basic Foursome \$1,000

Individual Golfer \$250
Number of golfers \_\_\_\_\_

Individual Dinner Reservation \$50
Number of Dinner reservations \_\_\_\_\_

Name of Golfers in Foursome or golfers you would like to play with:

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

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

Forms of Payment

Personal/Company check - made payable to Schwab Rehabilitation Hospital

Credit Card - o American Express o Discover o MasterCard o Visa

Please bill me.

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name on card \_\_\_\_\_ Signature \_\_\_\_\_

Amount \$ \_\_\_\_\_ 3-4 Digit Security Code \_\_\_\_\_

Return completed form via fax to Attn: Development Office to 773-257-6044. SHS Caregivers may drop off completed form to Office of Development, Room F-125 (by California Ave employee entrance).