



**Darrell Kirkpatrick Moser III**  
s i x t h a n n u a l  
**MEMORIAL GOLF TOURNAMENT**

a benefit for  
*Haven of Hope & Healing, Inc.*  
 a pregnancy and infant loss center

**Friday, October 3 at 1:00 pm**

**Captain's Choice Tournament**

**Quaker Creek Golf**

2817 Barnett Road, Mebane

*Registration begins at 12:00 pm.*

*Dinner and awards after tournament.*

For more information:

336.437.7014

[www.havenofhopeandhealing.org](http://www.havenofhopeandhealing.org)

*\*Golfers and Sponsors please register by September 26, 2008.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please indicate your level of participation below:**

INDIVIDUAL \$50 (includes green fees, cart, dinner)

FOURSOME \$200 (includes green fees, cart, dinner)

Player #1 \_\_\_\_\_ Player #2 \_\_\_\_\_

Player #3 \_\_\_\_\_ Player #4 \_\_\_\_\_

HOLE SPONSORSHIP PACKAGE \$100 (includes: hole sponsorship & tee signage acknowledging sponsor participation, and advertisement on website, newsletter, and program)

CORPORATE SPONSORSHIP PACKAGE \$200 (includes: scoreboard sponsorship & signage acknowledging sponsorship participation, and advertisement on tournament t-shirt, website, newsletter, and program)

I would like to donate \_\_\_\_\_ (items/services) for prizes.

I would like to make a monetary contribution of \$ \_\_\_\_\_.

I would like to volunteer my time to help with the tournament.

Enclosed is my check for \$ \_\_\_\_\_. Make checks payable to *Haven of Hope & Healing, Inc.*

Mail to: Haven of Hope & Healing, Inc.

PO Box 747

Graham, NC 27253

***Haven of Hope & Healing, Inc.* is a tax deductible, nonprofit organization as recognized by the IRS 501 (c) 3 requirements. All contributions are tax deductible.**