FRIENDS
OF THE HALL OF FAME

Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____ Phone: _____

Country: _____

Email: _____

❍Individual	___ x $50.00	$_____
❍Associate	___ x $125.00	$_____
❍Sustaining	___ x $250.00	$_____
❍Patron	___ x $500.00	$_____
❍Benefactor	___ x $1,000.00	$_____

TOTAL $_____

❍Check enclosed ❍MasterCard

❍Visa ❍AMEX ❍DISCOVER

Card No.: _____

Expiration date: _____ CVV: _____

Cardholder signature: _____

Name(s) on World Golf Hall of Fame membership card(s):

1. _____
2. _____
3. _____
4. _____

STAFF ONLY

DATE _____

SIGNATURE _____