

# INDY GOLF CLASSIC

## COMMITMENT AND PAYMENT FORM

**Hole Sponsor - \$1,000**

**Donation** \_\_\_\_\_

Donations will be restricted to Access to Care - which will provide free lodging and transportation to cancer treatment for those patients that experience these barriers, as these are the main reasons someone is unable to receive or continue treatment.

### CONTACT INFORMATION

Company Name:

Contact:

Address line 1:

Address line 2:

Phone:

Email:

### PAYMENT INFORMATION

**Please send me an invoice.**

Credit card:  Exp. date:  CCV code:

Amount authorized:  Name on card:

Signature:  Date:

*If paying by check, please make checks payable to the American Cancer Society and send to the below address. Payment can also be made securely online at [www.indyselectgolfclassic.org](http://www.indyselectgolfclassic.org) or by calling 317.858.6338.*

**The American Cancer Society**

**Attn: Indy Golf Classic**

**PO BOX 681405**

**Indianapolis, IN 46268**

**Sponsorship commitments must be received by July 9, 2024 in order to receive full benefits.**

*The American Cancer Society cares about your privacy and protects how we use your information. To view our full privacy policy or if you have any questions, please visit us online at [cancer.org](http://cancer.org) and click on the "privacy" link at the bottom of the page or call us anytime at 1-800-227-2345.*

