



TO BENEFIT THE DARRELL GWYNN RECOVERY FUND

DONATION FORM

COMPANY REPRESENTATIVE _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

**I AGREE TO DONATE THE FOLLOWING ITEM (S) TO BENEFIT THE
DARRELL GWYNN RECOVERY FUND**

MERCHANDISE _____

_____ **VALUE** _____

SERVICE _____

_____ **VALUE** _____

**YOU WILL BE CONTACTED TO MAKE ARRANGEMENTS FOR PICK-UP
OR DELIVERY OF YOUR MERCHANDISE.**

**I CHOOSE NOT TO DONATE MERCHANDISE OR SERVICES, BUT AM
ENCLOSING A CONTRIBUTION OF \$ _____ TO HELP THE
DARRELL GWYNN RECOVERY FUND**

I NEED MORE INFORMATION

DATE: _____ AUTHORIZED SIGNATURE OF COMPANY _____

PLEASE MAKE CHECKS PAYABLE TO:

**DARRELL GWYNN GOLF CLASSIC
4850 SW 52 STREET, DAVIE FL 33314**

CONTACT US:

PHONE 954-792-7223 X 111

FAX 954-581-7223

GOLFCCLASSIC@DARRELLGWYNN.COM

WWW.DARRELLGWYNN.COM/GOLF CLASSIC

COMMITTEE MEMBER _____