



Community Health Network  
of Connecticut Foundation  
**Annual Golf Classic**  
*Honoring the Memory of Cornell Scott*

Wednesday, August 14, 2019  
Lake of Isles, Foxwoods Resort Casino



## 2019 Cornell Scott Memorial Golf Classic Donation Form

*Donations to the Foundation qualify for tax-deductibility under IRS regulations, Section 501(c)(3). Tax ID # 20-0395748*

Individual Donor Name/Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

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

Telephone (daytime): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### TYPE OF DONATION:

Gift Certificate/Card    Gift Basket    Product    Samples    Brochures/Pamphlets   **Estimated Value: \$** \_\_\_\_\_

Description of Donation (quantity, size, color, etc.): \_\_\_\_\_

### TRANSPORTATION OF DONATION:

Donor will deliver/mail donation to CHNCTF    Donation needs to be picked up

Specific Terms, Expiration Dates, Restrictions, Instructions: \_\_\_\_\_

*By signing this release, I grant CHNCT Foundation permission to link from its website and/or social media accounts to my website and/or social media accounts. By signing this release, I also grant CHNCT Foundation permission to use my business name and/or business logo on its website and/or social media sites, as well as in its marketing materials, if applicable, related to this donation form.*

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep a copy of this form for your records and fax/mail with your donation to:  
11 Fairfield Blvd., Wallingford, CT 06492, or email a pdf file to ktigner@chnct.org.