



2026 Golf Tournament HOLE SPONSORSHIP FORM

YES! WE WILL SUPPORT OUR COMMUNITY BY SPONSORING A HOLE

Business Name _____

To Be Recognized As (if different from above) _____

Mailing Address _____ City _____ St _____ Zip _____

Contact Name Title _____

Contact Email _____

Contact Phone _____

PAYMENT INFORMATION

- Bill my credit card Check enclosed (payable to the St. Peter's Health Foundation)
 Send me an invoice (remit payment in full by August 3, 2026)

CARD NUMBER _____

EXP _____ CSV# _____

CARDHOLDER SIGNATURE _____

MAIL COMPLETED FORM TO: St. Peter's Health Foundation 2475 Broadway, Helena, MT 59601

For any questions or to email any logos to be used
Contact: **BMacIntyre@sphealth.org**

100% of all gifts will be used for The St. Peter's Health Foundation Patient Assistance Fund. If you prefer not to receive future fundraising mailings, you may opt out at any time. To opt out call (406) 444-2370 or send a written request. Please allow up to 30 days for processing.

We do not share your personal information.

All gifts are tax deductible per IRS regulations. Tax ID# 81-0392270