Builder Classic Golf Tournament April 26, 2023, Lonnie Poole Golf Club, Raleigh Sponsorship & Donation Form

Person completing form: (First)	(Last)	
Sponsoring Company:		
E-mail:	Phone:	
Address:		
City:	State:	Zip:

Please check the appropriate box for a sponsorship. All sponsorships must be paid by April 7.

Sponsorships

Each sponsorship includes sign at designated location and company listing in North Carolina Builder magazine, unless otherwise noted.

Also includes the option to have a company representative at the hole (table and chair not provided). Please do not distribute company literature; business cards are acceptable.		Tee Sponsor—\$275	12 available		
Driving Range—SOLD 0 available Putting Green—\$275 1 available Putting Green—\$275 1 available Check-in Table—\$275 1 available Beverage Carts—SOLD Overall Tournament Sponsor—SOLD Payment Information Check (payable to NCHBECF Inc.) MasterCard Visa AMEX Amount Authorized: \$Expiration Date: Card Number: Name on Card:					
Beverage Carts—SOLD Overall Tournament Sponsor—SOLD Payment Information Overall Tournament Sponsor—SOLD Payment Information Check (payable to NCHBECF Inc.)		Driving Range—SOLD	0 available		
	Lunch Sponsor	-SOLD	Check-in Table—\$275	1 available	
Payment Information Check (payable to NCHBECF Inc.) MasterCard Visa AMEX Amount Authorized: \$ Expiration Date:	Beverage Carts—SOLD				
Check (payable to NCHBECF Inc.) MasterCard Visa AMEX Amount Authorized: \$Expiration Date: Card Number:Expiration Date: Card Number: Name on Card: Name on Card: Billing Address for Card:State:Zip: Gity:State:Zip: Signature for Authorization: Return form by April 7 by mail to NCHBA, Attn: Tracie Garrett, PO Box 99090, Raleigh, NC 27624 or Email: tgarrett@nchba.org FOR NCHBA USE ONLY Date Received: Check #/CC: Amount Received:	Overall Tournament Sponsor—SOLD				
Amount Authorized: \$ Expiration Date: Card Number: Name on Card: Billing Address for Card: City: State: Zip: Signature for Authorization: Return form by April 7 by mail to NCHBA, Attn: Tracie Garrett, PO Box 99090, Raleigh, NC 27624 or Email: tgarrett@nchba.org FOR NCHBA USE ONLY Date Received: Check #/CC: Amount Received:	Payment Information				
Card Number:	\Box Check (payable to NCHBECF Inc.) \Box MasterCard \Box Visa \Box AMEX				
Name on Card:	Amount Authorized: \$ Expiration Date:				
Billing Address for Card:	Card Number:				
City: State: Zip: Signature for Authorization: <i>Return form by April 7 by mail to NCHBA, Attn: Tracie Garrett, PO Box 99090,</i> <i>Raleigh, NC 27624 or Email: tgarrett@nchba.org</i> FOR NCHBA USE ONLY Date Received: Check #/CC: Amount Received:	Name on Card:				
Signature for Authorization:	Billing Address for C	ard:			
Signature for Authorization:	City:		State: Zip:		
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Payee:	Date Received:				
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