



# Carolinas Golf Foundation Donation Form

Your Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mail City \_\_\_\_\_ Mail State \_\_\_\_\_ Mail Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\*Receipt will be sent to the mailing address listed above.

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Donation Amount \$ \_\_\_\_\_

Donation made in memoriam of: \_\_\_\_\_  
(optional)

Method of Payment:

\_\_\_\_\_ Enclosed Check (payable to Carolinas Golf Foundation. Enter in memoriam name on check Note line)

or

Charge my \_\_\_\_\_ Discover \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Credit Card # \_\_\_\_\_

Exp Date (MM/YY) \_\_\_\_\_ / \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mail to:  
**Carolinas Golf Foundation**  
**140 Ridge Road**  
**Southern Pines, NC 28387**  
910-673-1000  
E-Mail: [admin@carolinagolf.org](mailto:admin@carolinagolf.org)