

# Westchester Academy of Medicine 2022 Golf Outing & Fundraiser

Date—Wednesday, October 19, 2022  
Westchester Country Club  
99 Biltmore Avenue  
Rye, NY 10580



**Registration, Driving Range & Halfway House Lunch**  
Tee times will begin at 12:00pm

**Golf Format: Scramble**  
**6:00 PM—Cocktails**  
**7:00 PM—Dinner and Raffles**

*If you are unable to attend, please consider making a tax-deductible donation. Contact Kalli Voulgaris [kvoulgaris@wcms.org](mailto:kvoulgaris@wcms.org) or 914-967-9100 for more details.*

**Individual—\$600 ♦ Individual plus Hole Sponsorship—\$800**  
**Paid Foursome—\$2,000 ♦ Paid Foursome plus Hole Sponsorship—\$2,200**  
**Hole Sponsor \$300**

**Additional Sponsorship Opportunities Available**  
Please contact Janine Miller for details

All proceeds will benefit the Westchester Academy of Medicine  
For more information and other sponsorship opportunities,  
contact Janine Miller at 914-967-9100 or [jmiller@wcms.org](mailto:jmiller@wcms.org)

**Golf Reservations are Limited—Please RSVP Today!**  
[RSVP to jmiller@wcms.org](mailto:jmiller@wcms.org)



# Westchester Academy of Medicine

## 2022 Golf Outing & Fundraiser

### Wednesday, October 19, 2022

Please Email or Fax: [jmiller@wcms.org](mailto:jmiller@wcms.org) Fax: (914) 967-9232

Name \_\_\_\_\_ Phone \_\_\_\_\_ e mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Golfers \_\_\_\_\_ x \$600 = \$ \_\_\_\_\_ Name \_\_\_\_\_

Golfer + Hole Sponsorship \$800 \_\_\_\_\_ Name to appear on sign: \_\_\_\_\_

**\$2,00 Foursome/\$2,200 Foursome + Hole Sponsorship**

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name to appear on sign: \_\_\_\_\_

**\$ 800 Individual + Hole Sponsorship**

Name to appear on sign: \_\_\_\_\_

**\$300 Hole Sponsorship**

Name to appear on sign: \_\_\_\_\_

*Please make checks payable to: Westchester Academy of Medicine, 40 Sunshine Cottage Road, Valhalla, NY 10595 – 914-967-9100*

*Or fill out the information below to pay by credit card*

Please charge:  Visa  MasterCard  American Express  Discover AMOUNT \$ \_\_\_\_\_

Card # \_\_\_\_\_ V Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_