



Return Service Requested



OSF HEALTHCARE
Foundation

1401 E. 12th St.
Mendota, IL 61342



21st Annual 9 - Hole 4 - Person Scramble

Fore the Hospital

Proceeds benefit OSF HealthCare

I-80 INNOVATION HUB

at OSF Saint Paul Medical Center in Mendota

Friday, August 16

Mendota Golf Club

35666 US-34, Mendota, IL

2:30 p.m. Shotgun Start



OSF HEALTHCARE
Foundation

Event Details

- 1:30 p.m. Registration
 Silent Auction Opens
- 2:30 p.m. 9-Nine Hole Scramble
 Shotgun start
- Dinner Following Your Round of Golf
- 6:00 p.m. Program & Prizes
- 7:00 p.m. Silent Auction Closes

Fees

| | |
|----------------|--------------------------------|
| \$65.00 | Golf, Dinner & Cart |
| \$35.00 | Dinner Guest Only |

*If you are unable to join us for golf, dinner or cocktails,
please consider a sponsorship or donation to the
OSF HealthCare Foundation in support of the
I-80 Innovation Hub at OSF Saint Paul Medical Center.*

Questions?

Please contact:

Cherie Reynolds 815-712-0266 Cherie.R.Reynolds@osfhealthcare.org
JoEllyn Gahan 815-539-1659 JoEllyn.Gahan@osfhealthcare.org

**Mail completed form
and check payable to:**

**OSF HealthCare Foundation Attn:
Cherie Reynolds
1401 E. 12th St.
Mendota, IL 61342**

**Registration must be received by
Tuesday August 1, 2024**

Reminder: Per the IRS, Donor Advised Funds & IRA Qualified Charitable Distributions may not be used to pay for event sponsorships or registrations in whole or part since a tangible event benefit is received in return.

In case of inclement weather, no 'rain date' will be scheduled, all registration & sponsorship fees will be considered donations. Thank you.

Group Contact Person: _____
Email: _____

PARTICIPANT ONE: \$65.00

Name _____
Address _____
City/State/ZIP _____
Phone _____
Email _____
Dinner Choice: Steak or Pork Chop (circle one)

☐ **Dinner Guest \$35.00** _____
Dinner Choice: Steak or Pork Chop (circle one)

PARTICIPANT TWO: \$65.00

Name _____
Address _____
City/State/ZIP _____
Phone _____
Email _____
Dinner Choice: Steak or Pork Chop (circle one)

☐ **Dinner Guest \$35.00** _____
Dinner Choice: Steak or Pork Chop (circle one)

PARTICIPANT THREE: \$65.00

Name _____
Address _____
City/State/ZIP _____
Phone _____
Email _____
Dinner Choice: Steak or Pork Chop (circle one)

☐ **Dinner Guest \$35.00** _____
Dinner Choice: Steak or Pork Chop (circle one)

PARTICIPANT FOUR: \$65.00

Name _____
Address _____
City/State/ZIP _____
Phone _____
Email _____
Dinner Choice: Steak or Pork Chop (circle one)

☐ **Dinner Guest \$35.00** _____
Dinner Choice: Steak or Pork Chop (circle one)

TOTAL ENCLOSED: \$ _____

