



**5th Annual "Par for Life" Golf Tournament**  
**Monday, June 21, 2010**  
**Scioto Reserve Country Club**

*Donor Commitment*

In-Kind Donation Item(s):  
Commercial Value \_\_\_\_\_

Cash Donation: \$ \_\_\_\_\_

**Donor Information:**

Company or Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Payment

**Check:** Make Payable to *Central Ohio Men Against Prostate Cancer*

**Credit Card:** (MasterCard, Visa, American Express)      **Card Type:** \_\_\_\_\_

**Card #:** \_\_\_\_\_      **Exp Date:** \_\_\_\_\_

**Mail Form and Payment to:**  
**COMAPC**  
**PO Box 3504**  
**Dublin OH 43016-0247**