

American Academy of Pediatrics



Georgia Chapter

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July 1, 2010

Dear Friend of the Pediatric Foundation of Georgia:

The Georgia Chapter of the American Academy of Pediatrics cordially invites you to participate in our 2010 Charity Golf Classic, **Wednesday, September 15, 2010** at the Cherokee Run Golf Club, Conyers, Ga. The event will benefit the Chapter's non-profit, 501-c-3 organization, the Pediatric Foundation of Georgia.

There are several contribution/donation levels that your organization can choose from to help support the work of the Foundation:

- Gold:** (\$5,000) Four teams can enjoy the tournament, hole signage & podium recognition.
- Silver:** (\$1,500) Two teams and signage.
- Bronze:** (\$800) A great day of golf for one team of four.

Registration will open at 9:30 am, tee-off is set for 12:00 noon. Lunch will be provided and following the tournament there will be an awards ceremony and post-round refreshments. A best ball scramble format (with handicap system) will be used ensuring a great time for golfers of all abilities.

To participate in the tournament and support the Foundation's important work, please complete the enclosed form and return it to the Chapter office. For more information, contact Jaime Rice Searcy at (404) 881-5091 or visit us at www.gaaap.org. We hope to see you there.

Sincerely,

A handwritten signature in cursive script that reads "Avril Beckford".

Avril Beckford, MD, FAAP
President, Pediatric Foundation of Georgia



**Pediatric Foundation of Georgia
Charity Golf Classic
Wednesday, September 15, 2010
Cherokee Run Golf Club Conyers, Ga.**

Registration Form

All net proceeds benefit the Pediatric Foundation of Georgia and contributions to the Foundation are tax deductible.

Please check the contribution/donation level of your choice:

- _____ **Gold** (\$5,000) – 4 golf teams (of 4), podium acknowledgement & hole signage.
_____ **Silver** (\$1,500) – 2 golf teams (of 4), podium acknowledgement & hole Signage.
_____ **Bronze** (\$800) – 1 golf team (of 4), signage.
_____ **Individual** (\$200) – Round of golf for one.

Team information and players names should be emailed to: jrice@gaaap.org or faxed to the number below

- _____ **I would like to Sponsor Lunch** (\$2000)
_____ **I would like to Sponsor the post-round refreshments** (\$1500).

Company/Organization Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Payment by Credit Card:

Circle One: Visa MasterCard Amex

Card # _____

Expiration: _____

3 or 4 digit CVV Code: _____

Name on card (printed):

Fax to : (404) 249-9503

Payment by Check:

Please return this form with check payable to:

Pediatric Foundation of Georgia
1330 W. Peachtree Street, NW, Suite 500
Atlanta, GA 30309-2904

Ph. (404) 881-5091 Fax (404) 249-9503