

American Academy of Pediatrics



Georgia Chapter

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July 15, 2021

Dear Friend of the Pediatric Foundation of Georgia:

The Georgia Chapter of the American Academy of Pediatrics cordially invites you to participate in our 2021 Jim Soapes Charity Golf Classic, **Wednesday, October 20, 2021** 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 1:00pm. 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 Michelle Hudson at mhudson@gaaap.org or (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 "Terri McFadden MD".

Terri McFadden, MD, FAAP
President, Pediatric Foundation of Georgia



JIM SOAPES CHARITY GOLF CLASSIC

benefiting the

Pediatric Foundation of Georgia

Wednesday, October 20, 2021

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: mHUDSON@gaaap.org

_____ **I would like to Sponsor Golf Shirts *includes your company logo*** (\$5000)

_____ **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):

Payment by Check:

Please return this form with check payable to:

Pediatric Foundation of Georgia
1350 Spring Street, Suite 700
Atlanta, GA 30309-2874

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