



THE OHIO MASONIC
COMMUNITIES
FOUNDATION

GOLF CLASSIC

Name/Organization _____

The name you wish to appear in publications

Contact Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Please make checks payable to: *The Ohio Masonic Communities Foundation*
2655 West National Road, Springfield, OH 45504

Credit Card Type (check one): VISA Mastercard Discover American Express

Card Holder Name _____

Credit Card Number _____

Expiration Date _____ CVV _____

Authorized Signature _____

**For more information contact
Dan Shirk at (937) 926-4305 or dshirk@omcoh.org.**



THE OHIO MASONIC COMMUNITIES
FOUNDATION

**Print and Mail the completed
form and payment to:**

The Ohio Masonic Communities Foundation
2655 West National Road
Springfield, OH 45504