

# Westchester Medical Center 8th Annual Golf Invitational



Westchester  
Medical Center

Westchester Medical Center Health Network

June 2020 – September 2020

*An exclusive, competitive golf event featuring the area's most sought-after courses.*

This invitation-only golf experience is limited to 18 foursomes, with competitive play culminating on the Hudson Valley's exclusive and famed Morefar on Thursday, September 3.

Trump Golf Links Ferry Point, Bronx, NY	Tuesday, June 23
Quaker Ridge Golf Club, Scarsdale, NY	Monday, July 13
Winged Foot Golf Club, Mamaroneck, NY	Monday, August 24
Morefar, Brewster, NY	Thursday, September 3

*Event includes breakfast and lunch the day of play, as well as an Awards Dinner on the final day at Morefar on September 3. Additional information regarding tournament format, rules, handicaps and team information will follow.*

*Participation in the 2020 8th Annual Golf Invitational will guarantee your organization the opportunity to participate in the 2021 Invitational Event.*

Trump Golf Links  
Ferry Point  
Bronx, NY

Winged Foot  
Golf Club  
Mamaroneck, NY

Quaker Ridge  
Golf Club  
Scarsdale, NY

Morefar  
Brewster, NY



Company name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to participate in the 8th Annual Westchester Medical Center Golf Invitational.  
The cost of my foursome is \$17,500.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*June 2020 – September 2020*

Please complete all information (please print exactly as you wish to be listed in the program.)

Sponsor Name \_\_\_\_\_

Contact person/title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

Enclosed is my check payable to Westchester Medical Center Foundation in the amount of \$ \_\_\_\_\_

Please charge my gift of \$ \_\_\_\_\_  AMEX  VISA  MC  DISCOVER

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Proceeds from the Westchester Medical Center Golf Invitational benefit the Westchester Medical Center Foundation, federal tax ID #13-4095845, a not-for-profit charitable organization as described under section 501(c)(3) of the Internal Revenue Code.

Player 1 Name \_\_\_\_\_ Handicap \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player 2 Name \_\_\_\_\_ Handicap \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player 3 Name \_\_\_\_\_ Handicap \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player 4 Name \_\_\_\_\_ Handicap \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player 5 Name \_\_\_\_\_ Handicap \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player 6 Name \_\_\_\_\_ Handicap \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player 7 Name \_\_\_\_\_ Handicap \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player 8 Name \_\_\_\_\_ Handicap \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**For further information  
about the event or  
to submit payment,  
please contact:**

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