2009 SENIOR PGA CHAMPIONSHIP

CHAMPIONSHIP PRO-AM

PGA™

May 19–24, 2009
Canterbury Golf Club | Cleveland, OH

LETTER OF COMMITMENT

Enclosed is our non-refundable payment to PGA Foundation, Inc.

PRO-AM PACKAGES

Foursome, $13,500*
___ Total paid in full with this Letter of Commitment

Two Players, $9,000*
___ Total paid in full with this Letter of Commitment

One Player, $4,500*
___ Total paid in full with this Letter of Commitment

*The contribution that is deductible for federal income tax purposes is limited to the excess of money contributed by the donor over the value of the goods or services provided by PGA Foundation. The value of goods and services provided by PGA Foundation is $2,200 per player.

EACH PRO-AM PLAYER RECEIVES

- One (1) playing spot in the 18-hole Pro-Am to be held at Canterbury Golf Club, Tuesday, May 19, 2009
- Meals and beverages, Tuesday, May 19, 2009
- Two (2) invitations to the Draw Party, Monday, May 18,2009
- One (1) gift package
- One (1) framed autographed photo of you and your teams' Professional
- Two (2) Weekly Clubhouse Passes to the Championship

ADDITIONAL INFORMATION

Contact:
Tim Wicinski
(216) 283-2009
twicinski@pgahq.com

or visit:
www.PGAFoundation.org
www.SeniorPGA2009.com

How did you learn about the Pro-Am? (check all that apply)

_ Brochure/Mailer
_ Business Associate
_ Host Club
_ PGA.com
_ The PGA of America
_ We are a returning purchaser

_ Other _____

PURCHASER INFORMATION

_____
Legal Company Name (if applicable)

_____
Contact Phone

_____
Address

_____
City State ZIP

_____
Email

PAYMENT

All playing positions will be reserved on a first-come, first-served basis in the order of payments received. Upon receipt of your payment you will receive a confirmation and detailed Pro-Am package.

Please indicate if you require the following:
__ Invoice for deposit __ W9 documentation

Send a check made payable to:
PGA Foundation, Inc.
Attn: 2009 Senior PGA Championship Pro-Am
100 Avenue of the Champions
Palm Beach Gardens, FL 33418

Pay by Credit Card and fax order to 561-624-8580.

__ American Express __ MasterCard __ Visa

_____
Name on Card

_____
Number Exp. (mm/yy)

_____
Signature