



# 2019 BIRDIES FOR CHARITY DONATION FORM



Charity of Choice: Northeast Opportunities for Wellness, Inc.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ *\*No contact information will be used for solicitation.*

Email: \_\_\_\_\_ *\*An email must be provided to receive receipt of your donation.*

Birdies for Charity  
Supporting Sponsors



Donation enclosed in the  
amount of: \$ \_\_\_\_\_

*Minimum of \$10.00*

**MAIL YOUR DONATION TO:**  
Travelers Championship, ATTN: Birdies for Charity  
90 State House Square, 11th Floor  
Hartford, CT 06103

Checks should be made  
payable to  
"Travelers Championship"