

Westchester Academy of Medicine hosts The First Annual Bertrand-Pilkington Golf Outing & Fundraiser

**Date—Tuesday, October 24, 2023
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580**



**Registration, Driving Range & Halfway House Lunch—12:00pm
Tee times will begin at 1:00pm Golf Format: Scramble
6:00 PM—Cocktails
7:00 PM—Dinner and Raffles**

**Individual—\$600 ♦ Individual plus Hole Sponsorship—\$800
Paid Foursome—\$2,000 ♦ Paid Foursome plus Hole Sponsorship—\$2,200
Hole Sponsor \$300 ♦ Dinner Only—\$150/person**

Additional Sponsorship Opportunities Available

Please contact Janine Miller for details

**All proceeds will benefit the Westchester Academy of Medicine
*If you are unable to attend, please consider making a tax-deductible donation.
Contact Kalli Voulgaris kvoulgaris@wcms.org or 914-967-9100 for more details.***

For more information and other sponsorship opportunities,
contact Janine Miller at 914-967-9100 or jmiller@wcms.org

Golf Reservations are Limited—Please RSVP Today!

[RSVP to \[jmiller@wcms.org\]\(mailto:jmiller@wcms.org\)](mailto:jmiller@wcms.org)



Westchester Academy of Medicine

First Annual Bertrand-Pilkington Golf Outing & Fundraiser

Tuesday, October 24, 2023

Please Email or Fax: jmiller@wcms.org Fax: (914) 967-9232

Name _____ Phone _____ e mail _____

Address _____ City _____ State _____ Zip _____

Golfers _____ x \$600 = \$ _____ Name _____

Golfer + Hole Sponsorship \$800 _____ Name to appear on sign: _____

\$2,00 Foursome/\$2,200 Foursome + Hole Sponsorship

Name _____ Name _____

Name _____ Name _____

Name to appear on sign: _____

\$ 800 Individual + Hole Sponsorship

Name to appear on sign: _____

\$300 Hole Sponsorship

Name to appear on sign: _____

Please make checks payable to: Westchester Academy of Medicine, 40 Sunshine Cottage Road, Valhalla, NY 10595 – 914-967-9100

Or call 914-967-9100 x. 1002 to pay with Credit Card over the phone or fill out the form below and fax to 914-967-9232

Please charge: Visa MasterCard American Express Discover AMOUNT \$ _____

Card # _____ V Code _____ Billing Zip Code _____ Expiration Date _____

Name on Card _____ Signature _____