Dear Community Sponsors,

Please accept this letter as an invitation to participate in TOMAGWA HealthCare Ministries' Birdies for Blue Charity Golf Tournament & Fundraiser, on September 30, 2021. Register for the Church Challenge today and compete with our local churches, for the coveted trophy. Birdies for Blue is held in September to bring awareness to the importance of annual men’s wellness exams, in the fight against prostate cancer.

Prostate cancer is the second leading cause of cancer death among American men. An estimated 248,530 men will be diagnosed with prostate cancer in 2021. Some 233,000 new cases are diagnosed annually and nearly 3 million U.S. men currently live with the disease. We challenge each church to commit to one or more teams of four. The church team with the best score at the tournament will take home the Church Challenge Cup! Furthermore, your support will be instrumental in the fight to cut statistics in our local community, by providing those without health insurance, Medicare or Medicaid the opportunity to receive an annual wellness exam.

If you have any questions or need additional information, please contact Katina Mein at KatinaM@tomagwa.org.

PAYMENT/REGISTRATION INFORMATION

I would like to participate in the following:  □ Church Challenge  □ Community Challenge
□ Individual Registration-$150 □ Foursome (Group)$600 □ Lunch/Dinner Ticket $40

Name/Primary Contact: __________________________________________________________________________
Organization Name: _______________________________________________________________________________
Email: ___________________________________________ Phone: _______________________________________
Address: __________________________________________________________________________________________
□ Check enclosed made payable to TOMAGWA HealthCare Ministries.
□ I am unable to attend but would like to support TOMAGWA with a gift of $______________________________
□ Please charge my credit card in the amount of $______________________________________________________
□

VISA  □ AMEX  □ Master Card  □ Discover
Name on Card: _______________________________ Card Number: ________________________________
Exp. Date: ___________________ CVC: ___________________ Zip Code: ___________________
Signature: _______________________________________________________________________________________

455 School Street ● Suite 30 ● Tomball TX 77375
Phone: 281-357-0747  ● Fax: 281-357-4147  ● www.tomagwa.org  ● email: clinic@tomagwa.org