



**Maj. T. B. McGUIRE, JR.
MEMORIAL FOUNDATION, INC.**

NAME: _____

COMPANY/BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL ADDRESS: _____

PLEASE MAKE YOUR \$100 CHECK PAYABLE TO:

The T. B. McGuire, Jr. Memorial Foundation

**Memo Note: Golf Tournament and mail this completed form
to:**

T. B. McGuire Jr. Memorial Foundation

P.O. Box 1263

Wrightstown, New Jersey 08562

THANK YOU FOR PARTICIPATING!