

**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!