



# Houlton Community Golf Club

## PLEDGE FORM

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Total Pledge Amount: \$ \_\_\_\_\_

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### PAUL D. MADIGAN MEMORIAL FUND

- I wish to purchase stock in the Houlton Community Golf Club at \$125.00 per share (minimum purchase 8 shares – all purchases subject to Board approval).
  - Make checks payable to HCGC.
  
- I wish to make a donation directly to HCGC.
  - Make checks payable to HCGC.

### GOLF FOR LIFE PROGRAM

- I wish to donate to **Vital Pathways**, a local 501(c)(3) non-profit and the Golf for Life Committee, whose mission is to promote health, wellbeing and community through the outdoor sport of golf which can be engaged in throughout life.
  - ✓ Make checks payable to Vital Pathways, and mail to HCGC.

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*Please select from the following donation payment options:*

- One-time payment for the pledge amount listed above.
  
- Pay over time (up to 3 years)
  - ✓ Describe payments terms (i.e., 3 annual payments, first to be paid by July 15, 2021)
  
- I / We wish to remain anonymous

Notes: \_\_\_\_\_

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