

SUPPORT OUR WORK

All contributions are greatly appreciated and help us fulfill our mission!

Total for Golfer(s) \$ _____

Total for Sponsorship(s) \$ _____

Total Donation \$ _____

Total Contribution \$ _____

PAY BY MAIL

Make checks payable to Kearney County Health Services

Mail to:

KCHS | 727 East 1st Street
Minden, NE 68959

PAY BY CREDIT CARD

☐ Visa ☐ MasterCard ☐ Discover

☐ American Express

Name as it appears on card _____

Credit card number _____

Expiration date _____ CVC# _____

Signature _____



HELP US BUILD AN ENDOWMENT FOR THE FUTURE

Learn more and support our work:



[www.nebcommfound.org/give/
kearney-county-health-services-fund](http://www.nebcommfound.org/give/kearney-county-health-services-fund)



KEARNEY COUNTY
HEALTH SERVICES

727 East 1st Street | Minden, NE 68959
308.832.3400 | kchs.org

Kearney County Health Services Fund is an affiliated fund
of Nebraska Community Foundation.



KEARNEY COUNTY
HEALTH SERVICES

20th Annual Golf Tournament

FRIDAY, JUNE 7, 2024

*Join us for a day of fun in support
of Kearney County Health Services!*



Minden Country Club

North Highway 10 | Minden, NE 68959

LET'S PLAY



Join us Friday, June 7 for a day of fun in support of Kearney County Health Services' mission to provide exceptional, family-centered care while strengthening the health and well-being of our community.

SCHEDULE

Registration 9:00 AM
 Shot Gun Start 10:00 AM
 Lunch 12:00 PM

Tournament followed by appetizer buffet and awards

The format of the tournament is a four-person scramble. Players who enter as an individual will be placed with others to create a whole team. Golf carts are included with registration.

Please complete the appropriate form and mail to with check or payment information enclosed:

KCHS
 727 East 1st Street | Minden, NE 68959

QUESTIONS?

Contact Luke Poore
 lpoore@kchs.org | 308.832.3400 ext. 2800

SIGN UP

☐ REGISTER AN INDIVIDUAL

Name _____

Address _____

Phone _____

Email _____

Cost to enter: \$100

☐ REGISTER A TEAM

Team Captain _____

Address _____

Phone _____

Email _____

Additional Team Members

2 _____

3 _____

4 _____

Cost to enter: \$100 per golfer

Number of golf carts needed _____

☐ SEND REGRETS

I am unable to participate, however I would still like to support Kearney County Health Services in the amount of \$ _____.

SPONSORSHIP OPPORTUNITIES



Company/Individual Name _____

Contact _____

Address _____

Phone _____

Email _____

Please mark your choice(s)

☐ Appetizer Buffett Sponsor\$1,000

☐ Lunch Sponsor\$500

☐ Beverage Cart Sponsor\$250

☐ Hole in One Sponsor.....\$300

☐ Hole Sponsor\$200

☐ Closest-to-the-Pin Sponsor\$100

Total for Sponsorship(s) \$ _____