



A Special Invitation

To our friends of **MAKE-A-WISH®**
 Orange County and
 the Inland Empire

Dear Friend,

Since 1996, Tax and Financial Group has had the honor to host the "We Care For Kids" Golf Tournament, Dinner & Auction benefiting Make-A-Wish® Orange County. The contributors from this event over the past 18 years have made over 215 wishes come true for local children suffering from life-threatening illnesses.

This year, I invite you to join us to fulfill the hopes and dreams of these special children. Your participation is needed and valued. You can help these children's wishes become a wonderful reality - a special experience which will long be remembered.

We welcome your support in any of the following ways:

Play in the Tournament!

The cost is \$500 per person. Registration after April 1 is \$600.

Donate an item for our live or silent auction

Become a Tournament Sponsor or make a Tax-Deductible Donation

Contact Paulette Kovaleski at 949-223-8279 or maw@tfgroup.com to learn more!

Each year, the entire staff of Tax & Financial Group comes together to plan and bring you this special event. We hope you will get involved as well. We ask you to register now to take advantage of the early-bird rate as well as ensure your spot in the event.

We hope you will join us—and together we can "share the power of a wish."®

Sincerely,

Richard McCloskey
 Tournament Chairman

YES! COUNT ME IN!

Name: _____

Company: _____

TFG Contact Name (how did you hear about us?): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

- Golf Package (includes dinner for 2) _____ Players x \$500 (\$600 after April 1) = _____
- Dinner ONLY Package _____ Guests x \$100 = _____

Total Enclosed = _____

Payment information on reverse

Please provide player or guest information below and return with payment to:
We Care For Kids, Inc. Attn: Paulette
4001 MacArthur Blvd. Suite 300
Newport Beach, CA 92660
Or Fax to: 949-223-8101

PAYMENT DETAILS:

- I have enclosed a check made payable to "We Care For Kids, Inc."
- Please charge my credit card
 - Visa MasterCard

Card Number: _____ Exp. Date: Month: _____ Year: _____

Name on Credit Card: _____ 3-4 Digit Security Code: _____

Billing Street Address: _____ City: _____ State: _____

Zip: _____ Daytime Phone: (____) _____ Evening Phone: (____) _____

Authorized Signature: _____ Date: _____

Golfer #1

Name: _____

Company: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of dinner guest: _____

Golfer #2

Name: _____

Company: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of dinner guest: _____

Golfer #3

Name: _____

Company: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of dinner guest: _____

Golfer #4

Name: _____

Company: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of dinner guest: _____