



Movement for Life Golf Invitational

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In-Kind Donation: _____ Value: \$ _____

In-Kind Donation: _____ Value: \$ _____

TOTAL: \$ _____

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University of Michigan Kinesiology
1402 Washington Hts
Ann Arbor, MI 48109-2013

Please make checks payable to **UM Kinesiology** and mail to the address above.

Payment Type:

Check Credit Card: MC VISA AMEX

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Signature _____