



Legacy Community Health
Attn: Development - Donor Services
PO Box 66308
Houston, TX 77266
Tax ID No: 76-0009637

<https://legacy.community/golf>
events@legacycommunityhealth.org

Dear Community Partner,

Kids shouldn't have to choose between their health and learning.
But too often, they do.

That's why Legacy Community Health is proud to host the **16th Annual Frank Billingsley Golf Classic** on **October 12th**. Proceeds support Legacy's School-Based Health Care Program, delivering **medical, behavioral health, and social services** directly inside **39 Houston area schools**.

By bringing care to campus, barriers are removed early.

Students miss fewer days.

Families face fewer obstacles.

And education stays the focus.

To support this work, we are seeking gift-in-kind donations for the Golf Classic auction and raffle. Experiences, services, gift cards, and unique items help make the event successful while directly supporting care for students across our community.

Your generosity turns **access to care** into **access to opportunity**.

Thank you for helping build stronger schools and stronger communities.

With gratitude,

The Frank Billingsley Golf Classic Committee

For more information, please contact Bella Villarreal at 832 605 3989 or events@legacycommunityhealth.org.

*Because when students are healthy, education works.
And when education works, futures change.*



Title Sponsor



Presenting Sponsors





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**2026 Frank Billingsley Golf Classic
Auction/Raffle Contribution Form
October 12, 2026
TPC Houston**

- Please ensure all names are printed legibly and exactly as they should appear in publications.
- Underline the letter under which this contribution should be alphabetically listed.
- Only completed forms will be accepted for processing.
- We are seeking items valued at a minimum of \$100.

Date submitted: _____ Corporate Individual Foundation

Donor's Name _____

Contact Person _____

Email Address _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Item Description _____

Time/Exchange Restrictions _____

Deadline/Blackout Dates _____

Value (If \$5,000 or more, an invoice, price tag, or appraisal by an accredited appraiser is required) _____

Signature _____

Check all that apply: Tangible item Certificate / Tickets

Item is attached to this form Item will be picked up by LCH

Item will be mailed to Legacy Community Health (LCH) on _____

LCH has my permission to create a certificate for this item Donor Initials _____

Please submit artwork/photos/logo **by October 1** to events@legacycommunityhealth.org.

- Artwork/logo formats include .jpg, .png, .pdf, .ai, or .eps
- Please provide a high resolution photo(s) of the item

Please sign and retain a copy for your files. Return original to the address on this form.

If event is cancelled due to unforeseen circumstances, LCH reserves the right to use donation in an online auction or raffle.