



5TH ANNUAL



SWING

FOR THE

GREENS

**NON-SPONSOR
REGISTRATION**

WEDNESDAY, DECEMBER 3, 2025

WILDCAT GOLF CLUB | 12 NOON SHOTGUN START

***IN SUPPORT OF THE HARRIS HEALTH
FOOD FARMACY PROGRAM***

CARING FOR OUR COMMUNITY THROUGH PARTNERSHIP

We are delighted to invite you to join us on Wednesday, December 3, 2025 for the **5th Annual HCHD Foundation Swing Fore the Greens Golf Tournament** at the Wildcat Golf Club! Our Swing Fore the Greens Golf Tournament furthers the HCHD Foundation mission of enhancing the broad healthcare mission of the Harris Health System by soliciting and raising funds for programs, and increasing the community's awareness of the Harris Health System.



Proceeds from the 5th Annual Swing Fore the Greens Golf Tournament will benefit **Harris Health 's Food Farmacy Program**. The Harris Health Food Farmacies are convenient store-like locations with nutritious foods directly within healthcare settings. Coupled with tailored education and social service navigation support, Food Farmacies provide essential nutritional support and education, empower patients to manage their chronic conditions, and help them achieve better health outcomes. Join us in our mission to transform health through nutrition.

All golfers receive: Golf Entry, Player Appreciation Gift, Lunch, On-Course Contests, Raffle, and Awards Party!

To register, you may use the attached form, visit hchdfoundation.org, or scan the QR code. Should you have any questions, please call us directly at 346-426-0307 for further details.





Raising funds in support of
HARRIS HEALTH'S FOOD FARMACY PROGRAM

WEDNESDAY, DECEMBER 3, 2025

Wildcat Golf Club | Houston, TX
Check-In 10:30 AM | Shotgun Start 12:00 PM

NON-SPONSOR REGISTRATION

☐ Single Player - \$350

☐ Foursome - \$1,250

We encourage you to fill out this form online at www.hchdfoundation.org for credit card payments. Please note that reservations and payments must be received on or before November 26, 2025.

Name

(As you wish it to appear in printed materials)

Contact Person

Address

City

State

Zip

Contact Telephone

Contact Email

- ☐ I am unable to attend but would like to make a contribution of \$_____.
- ☐ My check payable to the Harris County Hospital District Foundation in the amount of \$_____ is enclosed.

Player 1:

Email:

Player 2:

Email:

Player 3:

Email:

Player 4:

Email:



Please return to: Harris County Hospital District Foundation • P.O. Box 301168 • Houston, Texas 77230-1168
Telephone: 346-426-0309 • Email: Veronica.Washington2@harrishealth.org