

ARCH Hospice Fundraising Form

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Please consider providing an email. Email receipts will help us allocate more funds to providing quality compassionate care through end-of-life.

First Name: _____ Last Name: _____ Team: _____

Address: _____ Apt: _____ City: _____ Province: _____ Postal Code: _____

Email: _____ Please provide me with an email tax receipt Y/N

Home Tel: _____ Bus Tel: _____ Other Tel: _____

Receipts will be issued for all donations of \$20 or more, or if requested, only if donors name and address are complete and legible. Please make cheques payable to "ARCH". ARCH Hospice 229 Fourth Line West, Sault Ste. Marie, Ontario P6A 0B5

	First Name	Last Name	Home Address	City	Prov.	Postal Code	Office Use	Type	Amount	Receipt	
1								<input type="checkbox"/> Cheque		<input type="checkbox"/> Yes	
	Email Address:								<input type="checkbox"/> Cash		<input type="checkbox"/> No
2								<input type="checkbox"/> Cheque		<input type="checkbox"/> Yes	
	Email Address:								<input type="checkbox"/> Cash		<input type="checkbox"/> No
3								<input type="checkbox"/> Cheque		<input type="checkbox"/> Yes	
	Email Address:								<input type="checkbox"/> Cash		<input type="checkbox"/> No
4								<input type="checkbox"/> Cheque		<input type="checkbox"/> Yes	
	Email Address:								<input type="checkbox"/> Cash		<input type="checkbox"/> No
5								<input type="checkbox"/> Cheque		<input type="checkbox"/> Yes	
	Email Address:								<input type="checkbox"/> Cash		<input type="checkbox"/> No
6								<input type="checkbox"/> Cheque		<input type="checkbox"/> Yes	
	Email Address:								<input type="checkbox"/> Cash		<input type="checkbox"/> No
7								<input type="checkbox"/> Cheque		<input type="checkbox"/> Yes	
	Email Address:								<input type="checkbox"/> Cash		<input type="checkbox"/> No
8								<input type="checkbox"/> Cheque		<input type="checkbox"/> Yes	
	Email Address:								<input type="checkbox"/> Cash		<input type="checkbox"/> No
9								<input type="checkbox"/> Cheque		<input type="checkbox"/> Yes	
	Email Address:								<input type="checkbox"/> Cash		<input type="checkbox"/> No
10								<input type="checkbox"/> Cheque		<input type="checkbox"/> Yes	
	Email Address:								<input type="checkbox"/> Cash		<input type="checkbox"/> No

HOSPICE GOLF CLASSIC

FRIDAY, SEPTEMBER 09, 2022

SAULT STE. MARIE GOLF CLUB

RAISE \$200 IN PLEDGES TO PLAY

Every additional \$100 a golfer raises in pledges, their team receives a stroke off with up to a max of 5 strokes.

RETURN FORM TO KATHERINE AT ARCH BY FRIDAY, AUGUST 26.

Total Cash	\$ _____
Total Cheque	\$ _____
Total Page	\$ _____

FOR OFFICE USE ONLY	
Received	\$ _____
Non Received	\$ _____
Total Collected	\$ _____