

ARCH HOSPICE FUNDRAISING FORM



THE 21ST ANNUAL HOSPICE GOLF CLASSIC | SEPT 6, 2024 | SSM GOLF CLUB

NAME _____ TEAM NAME _____

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE # _____ EMAIL _____

	NAME	ADDRESS	CITY	PROV.	POSTAL CODE	EMAIL / PHONE	TYPE	AMOUNT
1							<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
2							<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
3							<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
4							<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
5							<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
6							<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
7							<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
8							<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
9							<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
10							<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	

RECEIPTS ARE ISSUED FOR ALL \$20+ DONATIONS OR BY REQUEST, ONLY IF DONOR'S NAME AND ADDRESS ARE COMPLETE AND LEGIBLE. CHEQUES PAYABLE TO ARCH.

RAISE \$200 IN PLEDGES TO PLAY!

For every additional \$100 raised, your team receives a stroke off (5 max)!

Please return form to Katherine at ARCH by Friday, August 16.

TOTAL CASH _____

TOTAL CHEQUE _____

TOTAL PAGE _____