



Bi-Annual Golf Tournament

Pledge Form

Golfer's Name: _____

DONOR INFORMATION

Name _____

Email _____

Address _____

City _____ Province _____

Postal Code _____ Phone # _____

Your donation is tax deductible and will be receipted. Thank you!

Would you prefer to receive your receipt by email? Yes No

Pledge Amount:

\$

pledged
paid
cash
cheque
online

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