

## GOLFER PLEDGE FORM TO REGISTER AND PLEDGE ONLINE VISIT US

@ WWW.ROTARYHOME.ON.CA

http://orhf.convio.net/golfathon
Please share on Facebook with family & friends!

GOLFER NAME:	TEAM NAME (	IF APPLICA	BLE)						
GOLFER NAME:TEAM NAME (IF APPLICABLE)  Please include donor's email address if they would like to receive a tax receipt electronically. Please hand into the Foundation office regularly, & avoid bringing large amounts on Golf Day if possible.									
DONOR NAME: Joe Eagle	DONOR NAME: Joe Eagle  EMAIL: joe.eagle@gmail.com (Must to receive your receipt)								
Address	Сіту	Province	POSTAL CODE	GIFT AMOUNT					
				\$					
☐ Cash ☐ Cheque <i>OR</i> ☐ Visa ☐	MasterCard	Card Num	ber:		RECEIPT				
☐ Please omit my name from the Rotary Home Fo	oundation mailing list	Expiration	Date: /		☐ Yes ☐ No				
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☐ Please omit my name from the Rotary Home Foundation mailing list									

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☐ Please omit my name from the Rotary Home Fo	nundation mailing list	Expiration	n Date: /	Signature:				

Phone: 613.822.5391 • foundation@rotaryhome.on.ca • Charitable Registration # 89418 7962 RR0001