



**GOLFER PLEDGE FORM**  
**TO REGISTER AND PLEDGE ONLINE VISIT US**  
**@ [WWW.ROTARYHOME.ON.CA](http://WWW.ROTARYHOME.ON.CA)**

<http://orhf.convio.net/golfathon>

Please share on Facebook with family & friends!

**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*

**EMAIL:** *joe.eagle@gmail.com* (Must to receive your receipt)

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	
				\$	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX			Card Number:		<b>RECEIPT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Expiration Date: __ / __		

**DONOR NAME:**

**EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX			Card Number:		
<input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Expiration Date: __ / __   Signature:		

**DONOR NAME:**

**EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX			Card Number:		
<input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Expiration Date: __ / __   Signature:		

**DONOR NAME:**

**EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX			Card Number:		
<input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Expiration Date: __ / __   Signature:		

**DONOR NAME:**

**EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX			Card Number:		
<input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Expiration Date: __ / __   Signature:		

**DONOR NAME:****EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Card Number: _____ Expiration Date: __ / __      Signature: _____		

**DONOR NAME:****EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Card Number: _____ Expiration Date: __ / __      Signature: _____		

**DONOR NAME:****EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Card Number: _____ Expiration Date: __ / __      Signature: _____		

**DONOR NAME:****EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Card Number: _____ Expiration Date: __ / __      Signature: _____		

**DONOR NAME:****EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Card Number: _____ Expiration Date: __ / __      Signature: _____		

**DONOR NAME:****EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Card Number: _____ Expiration Date: __ / __      Signature: _____		

**DONOR NAME:****EMAIL:**

ADDRESS	CITY	PROVINCE	POSTAL CODE	GIFT AMOUNT	RECEIPT
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <b>OR</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Please omit my name from the Rotary Home Foundation mailing list			Card Number: _____ Expiration Date: __ / __      Signature: _____		

