

ARCH Hospice Fundraising Form

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

September 6, 2019

Start 8:30am at the **Sault Ste. Marie Golf Club**
 Four person team scramble - Prizes for everyone
 Dinner @ 3:00pm at Downtown Grand Gardens

All proceeds go to ARCH

RAISE \$200 IN PLEDGES TO PLAY
 Collecting pledges helps hospice & your golf score!
 Every additional \$100 a golfer raises in pledges, their team receives a stroke off – up to a max of 5 strokes.

RETURN FORM TO KATHERINE AT ARCH BY AUGUST 30
 Return this form with \$150 deposit by August 1st to reserve individual or team spot. After August 1st, pay full amount (incl. pledges) by August 30 to play in tournament.

Total Cash	\$ _____
Total Cheque	\$ _____
Total Pledge	\$ _____

FOR OFFICE USE ONLY

Received	\$ _____
Non Received	\$ _____
Total Collected	\$ _____