

REGISTRATION

Please complete this form and return to Mary Watson at: mary.watson@williamoslerhs.ca.

Golfer Name

Golfer Email

Golfer Name

Golfer Email

Golfer Name

Golfer Email

Golfer Name

Golfer Email

Company:

Contact:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

Mobile:

Email:

SPONSORSHIP LEVELS

Presenting Sponsor - \$25,000

Eagle Sponsor - \$15,000

Breakfast Sponsor - \$10,000

Cocktail Reception Sponsor - \$10,000

Golf Ball Sponsor - \$10,000

Birdie Sponsor - \$5,000

Hole Sponsor - \$1,500

Donations: I am unable to attend but enclose my donation of \$ for a full tax receipt.

PAYMENT

Total amounts payable for sponsorships and/or donation: \$

Cheque enclosed (please make payable to William Osler Health System Foundation)

MAIL TO: **Osler Foundation, 20 Lynch Street, Brampton, ON L6W 2Z8**

Visa

MasterCard

American Express

Card #:

Exp. Date:

Name as it appears on card:

Authorized Signature:

TAX RECEIPT POLICY

Participants will have the option of:

(A) receiving a business receipt for the full cost of the event, or

(B) a donation tax receipt for the eligible portion and a business receipt for the balance.

PRIVACY POLICY

Personal information gathered by our organization is kept in confidence and used only to process donations and keep our donors informed about Osler and Osler Foundation activities. We do not sell trade or otherwise share our mailing lists.