

**REGISTRATION**

Please complete this form and return to Mary Watson at: [mary.watson@williamoslerhs.ca](mailto: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~~ **SOLD!**  
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: