

REGISTRATION

Please complete this form and return to Maleeha Mujib at: maleeha.mujib@williamoslerhs.ca.

Golfer Name Golfer Email
Golfer Name Golfer Email
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Company: Contact:

Address:

City: Province: Postal Code:

Phone: Fax: Mobile:

Email:

SPONSORSHIP LEVELS

Presenting - \$25,000 Eagle - ~~\$15,000~~^{SOLD!} Breakfast - ~~\$10,000~~^{SOLD!} Cocktail Reception - ~~\$10,000~~^{SOLD!}
Golf Ball - ~~\$10,000~~^{SOLD!} Birdie - \$5,000 Hole - \$1,500 Fairway Donor - \$500

Individual Golfers - \$1,250 each. Please indicate total number of individual golfers:

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

PAYMENT

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

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

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

Visa MasterCard American Express

Card #: Exp. Date:

Name as it appears on card:

Authorized Signature:

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.