

13th Annual Hydrocephalus Canada Charity Golf Tournament PLEDGE FORM

Your Name _____ Team Name _____ Page ____ of ____

Donor's Name (PLEASE PRINT)	Mailing Address, City, Postal Code	Email Address/ Telephone	Amount Pledged	Payment Type	Receipt Req'd
Jane Smith	229 First Avenue Toronto, Ont. M4E 2T3	jsmith123@swwr.ca 416-214-1056	\$25	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No
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TOTAL PLEDGES THIS PAGE			\$		

Pledge Information: Receipts will be issued for \$20 or more. Please make cheques payable to Hydrocephalus Canada. For credit card payments, call our office at 1-800-387-1575 or 416-214-1056 or donate on-line through our website www.mybrainwaves.ca. Make sure donors indicate your name or the team name. You can make copies of this form or download additional ones from our website.