



2012 Calgary Scotiabank Pro-Am for Alzheimer's OFFLINE SPONSOR FORM

Last Name: _____ First Name: _____ Phone: () _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

PLEASE PRINT CLEARLY – tax receipts will not be issued without valid and legible names and addresses

SPONSOR NAME For tax receipt (Full Name)	Address, City, Prov., Postal Code	Please PRINT E-mail address	Phone No.	Amount \$	Cash	Cheque	Credit Card	Credit Card # Include all 16 digits	Expiry Mo/Yr
John A. Smith	645 9 St SW, Calgary, AB T2Q 3K6	smith@yahoo.com	403-884-4321	\$100			VISA	5111 1111 1111 1111	07/12
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*****Donations under \$10 – please provide a total only, in the box below*****

We do not require names, as gifts of \$10 and less are not tax receipted

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TOTAL PAID				\$					
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Cheques must be made payable to the "Gordie and Colleen Howe Fund" and must include both player and team name. Please mail completed form to: The Alzheimer Society of Alberta & NWT: 303 - 6707 Elbow Drive SW, Calgary, AB T2V 0E5. In order to determine top fundraisers, payment must be received on or before the offline fundraising deadline of April 4, 2012 at 5pm MDT.

A tax receipt will be issued according to the information provided above for all donations of \$10 or more. Please ensure information provided is complete and accurate otherwise we will be unable to process income tax receipts. **For security reasons, please do not put cash in the mail. For additional assistance please contact info@scotiabankproam.com**