



# 2012 Edmonton 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	13818 116th Avenue Edmonton, AB T5V 1J8	smith@yahoo.com	780-529-4321	\$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: 10531 Kingsway Avenue, Edmonton, AB T5H 4K1. In order to determine top fundraisers, payment must be received by the offline fundraising deadline of Wed. March 21, 2012 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](mailto:info@scotiabankproam.com)**