



# 2012 Toronto 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, Province, 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	123 Bloor St. W. Toronto, ON M4A 2M2	smith@yahoo.com	416-555-1234	\$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 Baycrest Foundation: 3560 Bathurst Street, Toronto, ON M6A 2E1. In order to determine top fundraisers, payment must be received on or before the offline fundraising deadline of April 25, 2012 at 5pm EST.

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)**