



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

Last Name: _____ **First Name:** _____ **Phone:** () _____
Address: _____ **City:** _____ **Prov:** _____ **Postal Code:** _____

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

SPONSOR NAME For tax receipt (Full Name)	Address, Apt.#, City, Province, Postal Code	Please PRINT E-mail address	Phone No. Home/Business	Amount \$	Cash	Cheque	Credit Card	Credit Card # Include all 16 digits	Expiry Mo/Yr	Tax Receipt Required?
John A. Smith	654 Howe St., Vancouver, BC V4C 2Y9	smith@yahoo.com	604-816-2261	\$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

TOTAL PAID				\$						

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 B.C.:
300 – 828 West 8th Ave., Vancouver, BC V5Z 1E2. In order to determine top fundraisers, payment must be received on or before the offline fundraising deadline of Wednesday October 17, 2012 5pm PMT.

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**