

**Golf Tournament
Donation Information Form**



Please ensure that this form is filled out completely for each item.

| | | | |
|---|---|---------------------------------|---|
| WEBSITE | WEBSITE | | |
| Contact Information | | | |
| Name | The information provided is for my <input type="checkbox"/> home <input type="checkbox"/> business. | | |
| Company & Position | | | |
| Civic Address 1 | | | |
| Civic Address 2 | | | |
| City / Prov. | | Postal Code | |
| Phone # | | Fax # | |
| Email Address | | | |
| Shipping Information | | | |
| <input type="checkbox"/> Please call Tammy at 613-678-2454 for delivery/drop off instructions. | | | |
| <input type="checkbox"/> Delivered by donor directly to 4-H Ontario, 6019 Newton Road, Vankleek Hill, ON K0B 1R0 (613) 678-2454 | | | |
| ITEM # 1 | | | |
| Item | | | |
| Item Description | | | |
| Size (if applicable) | <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> XX Large |
| Color (if applicable) | | | |
| Quantity | | Total Dollar Value: | Tax Receipt Requested <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ITEM # 2 | | | |
| Item | | | |
| Item Description | | | |
| Size (if applicable) | <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> XX Large |
| Color (if applicable) | | | |
| Quantity | | Total Dollar Value: | Tax Receipt Requested <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ITEM # 3 | | | |
| Item | | | |
| Item Description | | | |
| Size (if applicable) | <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> XX Large |
| Color (if applicable) | | | |
| Quantity | | Total Dollar Value: | Tax Receipt Requested <input type="checkbox"/> Yes <input type="checkbox"/> No |