

**Golf Tournament
Donation Information Form**



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

4-H Committee Contact Name	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 Andrew at 519-824-0101 ext. 461 for delivery options.					
<input type="checkbox"/> Delivered by donor directly to 4-H Ontario 5653 Hwy 6 North, RR 5 / Guelph N1H 6J2 / Tel: 519-824-0101					
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