archway COUNSELLING

Team Name: _____ Phone: _____

Golfer Name: _____

Address: _____

Donation Record (Please Print Clearly)

Donor Name	Address	City	Prov.	Postal Code	Phone	Amount	Paid
John Smith	883 Prince Street	Truro	NS	B2B 2B2	893-3991	$20.00	✓

Total Collected _____ and Checked By _____

*Official receipts will be issued for donations over $10.00, non-golfers receive 100% of donations, Golfers will be issued an official tax receipt for a portion of their pledge donation. **Please ensure correct mailing address of donor.*

Signature of Golfer _____ Date _____