



Sponsorship Form

2023 Golf Tournament donation of: _____ Amount

OR

Specific donation for: _____

FULL NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

BUSINESS NAME (if applicable) _____

BUSINESS BIO: (optional) _____

A Business logo is kept on your file at MHH. Please ensure we have your current logo.

METHOD OF PAYMENT FOR DONATION:

CASH CHEQUE VISA MASTERCARD

NAME ON CREDIT CARD: _____

Please Print

CREDIT CARD #: _____

EXPIRY DATE: _____ CVV: _____

SIGNED: _____ DATE: _____

For payment information, please call Kandas at 705-558-2888/ email:
info@mariposahousehospice.com All monies must be paid in advance of the Golf Tournament.

MARIPOSA HOUSE HOSPICE - Charitable registration #742190093RR0001. PLEASE MAKE
CHEQUES PAYABLE TO "MARIPOSA HOUSE HOSPICE".

For more information on the event contact:

Gloria James - 705 238 0004 OR Roy Micks roy@teammicks.com