



## 2015 Tee Off for Hospice Sponsorship Application Form

I would like to support the 2015 Annual Golf Tournament by becoming a:

(Please check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Title Sponsor \$5000    | <input type="checkbox"/> Gold Sponsor \$2500       |
| <input type="checkbox"/> Silver Sponsor \$1500   | <input type="checkbox"/> Lunch Sponsor \$1000      |
| <input type="checkbox"/> Breakfast Sponsor \$750 | <input type="checkbox"/> Hole-in-One Sponsor \$500 |
| <input type="checkbox"/> Hole Sponsor \$250      |  |

**Invoice required for payment? Yes/No**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Please send completed form to: Juliet Irish  
Email: [jirish@doanehospice.org](mailto:jirish@doanehospice.org)  
Phone: 905.967.0259 Fax: 905.967.0593

**Cheques/Visa/Mastercard accepted**

Visa or Mastercard #: \_\_\_\_\_ Expiry (mmyy): \_\_\_\_\_

Signature: \_\_\_\_\_