



2020 QCR Golf Tournament Pledge Form

Thank you for participating in the QCR Golf Tournament on Sept. 19, 2020 in support of C.M.H.A. H.K.P.R.

Golfer's Name: _____

Collect all cash and cheque donations, along with completed pledge forms, and bring them in an envelope to the registration table on event day or forward them to Canadian Mental Health Association, Haliburton, Kawartha, Pine Ridge (415 Water St., Peterborough) Pledges and donations \$20+, along with all information completed, may receive a tax receipt.

Please make cheques payable to:

The Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge:

Charity Number: 106863889RR0001

Name: _____ Amount: \$ _____
(last) (first)

Address: _____
(street) (city) (province) (postal code)

Email: _____ Phone: _____ Payment: Cash Cheque

Tax Receipt? Yes No

Name: _____ Amount: \$ _____
(last) (first)

Address: _____
(street) (city) (province) (postal code)

Email: _____ Phone: _____ Payment: Cash Cheque

Tax Receipt? Yes No

Name: _____ Amount: \$ _____
(last) (first)

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(street) (city) (province) (postal code)

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Tax Receipt? Yes No

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Address: _____
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Tax Receipt? Yes No

Total of Page 1: \$ _____



Canadian Mental Health Association
Haliburton, Kawartha, Pine Ridge
Mental health for all

QCR Golf Tournament - Sept. 19, 2020
Dalewood Golf & Country Club

Name: _____ Amount: \$ _____
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Email: _____ Phone: _____ Payment: Cash Cheque

Tax Receipt? Yes No

Name: _____ Amount: \$ _____
(last) (first)

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Tax Receipt? Yes No

Total of Page 1: \$ _____ Total of Page 2: \$ _____ Total of both: \$ _____