

DONATION FORM

Upper Fraser Valley Community for Kids' 2023 Golf Tournament

Saturday, May 11, 2024

Golfer's Name:	Telephone:	
Team Name:		
Address:	City:	Postal Code:
EMAIL:		

First Name:	Address/City:	Amount:	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex Card #: - - Expiry Date: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Last Name:	Postal Code: Phone:		
First Name:	Address/City:	Amount:	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex Card #: - - Expiry Date: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Last Name:	Postal Code: Phone:		
First Name:	Address/City:	Amount:	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex Card #: - - Expiry Date: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Last Name:	Postal Code: Phone:		
First Name:	Address/City:	Amount:	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex Card #: - - Expiry Date: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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Last Name:	Postal Code: Phone:		

Cheques should be made payable to BC Children's Hospital Foundation.
 Thank you for helping put smiles back where they belong!

TOTAL

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