

35TH ANNUAL



CAPITOL CENTRE CHARITY GOLF CLASSIC

August 3rd @ 11AM Shotgun Start • 4 Person Scramble
Highview Golf Course

DONOR INFORMATION

Individual / Company Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone #: (_____) _____ - _____ Email: _____

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DONATION INFORMATION

Virtual Auction Donation

Donated Item: _____

Fair Market Value: _____

Minimum Bid: _____

Cash Donation Towards Prizes

Amount: _____

(Signature)

(Date)

THANK YOU FOR YOUR GENEROUS DONATION!

