

SUPPORTING OUR YOUTH'S



SUPPORTING OUR YOUTH BOWLATHON 2019 – PLEDGE SHEET



sherbourne HEALTH



BOWLER NAME
PHONE
TEAM

Please make cheques payable to 'Sherbourne Health'.

Tax receipts issued and emailed for eligible donations over \$10.00 where full address and email details are provided.

	DONOR NAME	ADDRESS & POSTAL CODE	EMAIL ADDRESS/PHONE NUMBER	PLEDGE AMOUNT	CHEQUE	CASH	YES! Send email updates from Sherbourne
1)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15)				\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TOTAL ON THIS FORM: \$ 0.00

Supporting Our Youth is a program of Sherbourne Health.
Registered Charity #865776827RR0001

SAVE FORM

DONORS: By selecting 'YES' to send email updates from Sherbourne, you will receive updates on activities of Sherbourne Health.
You can unsubscribe at any time. We protect your personal information and adhere to all legislative requirements with respect to protecting your privacy.