



SPONSORSHIP/DONATION CONFIRMATION FORM

Company Name:				
(for recognition purposes)				
Contact Name:			·	
Address:				
City:	Province:	Posta	l Code:	
Email:	Phone:			
Sponsorship/Donation Level - Your Commitment:				
	\$			
Payment Method				
☐ Cheque made payable to Canada Israel Children's Centres is enclosed (preferred)				
Please charge my:	☐ Mastercard	□ VISA	□ AMEX	
Card No.:		Exp. Date: /		
Authorized Signature	:		_	

Please return form and payment to:
Greenwin Cares Golf Classic
Attn: Amy Harrington
19 Lesmill Road, Suite 102 Toronto, ON M3B 2T3

aharrington@itecenters.org
Phone: 647-746-0599

Charitable Reg. No. 12424 4773 RR0001