



The Marsha Morton Memorial Golf Tournament

Presented by the *Kin Club of Orleans & District*
In support of *Cystic Fibrosis Canada*



NAME: _____

PHONE: _____

Golfers with at least \$250.00 in pledges will golf for free. A prize will be awarded for the top fundraiser!

Please complete all information and print clearly				Donation
Name:			Tel: ()	
Apt.	Address:	City:	Postal Code:	
Name:			Tel: ()	
Apt.	Address:	City:	Postal Code:	
Name:			Tel: ()	
Apt.	Address:	City:	Postal Code:	
Name:			Tel: ()	
Apt.	Address:	City:	Postal Code:	
Name:			Tel: ()	
Apt.	Address:	City:	Postal Code:	

RECEIPTS WILL BE PROVIDED FOR DONATIONS OF **\$20.00** & OVER

MAKE CHEQUES PAYABLE TO: **CYSTIC FIBROSIS CANADA** CHARITY # 106845100RR0001

BRING PLEDGES TO THE REGISTRATION DESK THE DAY OF THE EVENT

