

**SPONSOR
INFO FORM**

52ND ANNUAL
IVAN HANCHARD
CHARITY GOLF TOURNAMENT

Company Name: _____

Contact Person: _____

Email: _____

Phone Number: _____

Mailing Address:

STREET: _____

CITY: _____

PROVINCE: _____ **POSTAL CODE:** _____

Auction Item: _____

Estimated Value: _____

Have the Association purchase a
silent auction item on my behalf: \$ _____

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____ / _____ / _____
DAY MONTH YEAR

CVC: