

**United Way and Water Tower Inn Charity Golf Classic
Monday June 19, 2017**



GOLFER PLEDGE FORM

Team Name: _____

Individual Name: _____

Address: _____ **City:** _____ **Postal Code:** _____

*Note Tax receipts will be issued for any donation of \$10 or more

** Cheques should be made payable to United Way SSM Community Endowment Fund

Pledge	Amount Pledged	Amount Paid	Tax Receipt Requested
Name: Address: Phone:			
Name: Address: Phone:			
Name: Address: Phone:			
Name: Address: Phone:			
Name: Address: Phone:			
Name: Address: Phone:			
Name: Address: Phone:			
Name: Address: Phone:			

Total Amount of Pledges: _____