

13TH ANNUAL JOHN SUTHERLAND CHARITY GOLF CLASSIC
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IN SUPPORT OF
QUEENSWAY CARLETON HOSPITAL FOUNDATION

SPONSORSHIP AND PRIZE REGISTRATION

SPONSORSHIP

✓ **YES! WE WOULD LIKE TO BE A SPONSOR.**

SPONSORSHIP SELECTED: _____
NAME TO APPEAR ON _____
SPONSORSHIP SIGNAGE: _____
COMPANY NAME: _____
CONTACT PERSON: _____
ADDRESS: _____
PHONE NUMBER: _____
FAX NUMBER: _____
E-MAIL: _____

PRIZE DONATION

✓ **YES! WE WOULD LIKE TO DONATE A PRIZE.**

PRIZE DONATED: _____
COMPANY NAME: _____
CONTACT PERSON: _____
ADDRESS: _____
PHONE NUMBER: _____
FAX NUMBER: _____
E-MAIL: _____

Please bill my credit card: (VISA/MasterCard/American Express)

Card #: _____ **Expiry Date:** _____
Signature: _____

_____ My cheque is enclosed.

Please make your cheque payable to: Queensway Carleton Hospital Foundation

Please fax or mail this form with your payment to:

*Queensway Carleton Hospital Foundation
3045 Baseline Road, Ottawa, ON K2H 8P4*

Or contact the Foundation Office at 721-4731

