



SPONSORSHIP RECEIPT – GCGHA – _____

SPONSOR NAME: _____
ADDRESS: _____
CITY: _____
PROVINCE: _____
POSTAL CODE: _____

TOTAL AMOUNT: \$ _____

TEAM MANAGER: _____
PHONE #: _____
DATE: _____

THANK YOU FOR YOUR GENEROUS SUPPORT!
GCGHA: P.O. Box 17055 Orleans, ON K4A 4W0