



CORPORATE DONATION FORM

Ladies Technical Nor Am Cup, January 2-6th, Collingwood, ON

Partner

Company Name: _____

Address: _____

Phone#: _____

Primary Contact

Name: _____

Address: _____

Phone #: _____

Email: _____

Corporate Logo information

Please email a copy of your corporate logo to breeves@alpineontario.ca

Payment information

Cheque issued by: _____

Date: _____

Please mail a copy of this form including your cheque payable to Alpine Ontario to:

Alpine Ontario C/O Bill Reeves
39A Stewart Road
Collingwood, Ontario
L9Y 4M7

39A Stewart Road Collingwood, Ontario L9Y 4M1

