Wheelchair Hockey League Sponsorship Form

WCHL PLAYERS NAME

SPONSOR'S NAME	SPONSOR'S ADDRESS	ZIP CODE	PHONE #	SPONSOR TYPE (A, B, C, D)	AMOUNT PLEDGED	TAX RECEIPT REQUIRED?
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No
			( )		$	Yes / No

Donations of $20 or more are eligible for a tax receipt.
IN ORDER TO RECEIVE A TAX RECEIPT YOU MUST PROVIDE INFORMATION INCLUDING NAME, ADDRESS, CITY AND ZIP CODE.
- All checks are to be made payable to the WCHL -

"Just Don't Sit There Play Hockey!"
WCHL
WHEELCHAIR HOCKEY LEAGUE

TOTAL AMOUNT PLEDGED $_____