

Swing For HEALTHCARE



TUESDAY, JUNE 24, 2025 • BRANTFORD GOLF AND COUNTRY CLUB

☐ **YES!** I wish to enter a foursome in this year's **Swing for Healthcare Charity Classic Tournament**.
Cost is **\$2000** per team.

☐ I am unable to participate but would like to make a donation of \$ _____ to support the BCHS Foundation Swing for Healthcare Classic. A full charitable receipt will be issued for this donation.

TEAM INFORMATION (Please provide contact info for representative of team)

Contact Name: _____

Organization Name (if applicable): _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Phone: _____

GOLFER INFORMATION (Please provide first and last names)

Golfer 1: _____ Golfer 3: _____

Golfer 2: _____ Golfer 4: _____

PAYMENT INFORMATION

☐ Cheque Enclosed (**payable to BCHS Foundation**)

☐ Visa ☐ Mastercard ☐ Amex ☐ Please send me an invoice

Cardholder Name (as it appears on card): _____

Card Number: _____

Expiry Date: ____/____/____ Signature: _____

PLEASE RETURN COMPLETED FORM TO:

Haidee Scheers, Development Coordinator Special Events
haidee.scheers@bchsysfoundation.org • 519-751-5544 x 2429
Brant Community Healthcare System Foundation
200 Terrace Hill Street, Brantford, ON N3R 1G9