



24 Hour Bonspiel Challenge for Soldier-On

March 23-24, 2019

Please provide us with complete information to receive your Charitable Donation Tax Receipts.

Your Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Team Name: _____

Total Funds Collected: \$ _____ NPF Receipt # _____ Clerk Initials: _____

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