



WINNERS CIRCLE - PRIZE DONATION FORM

Date: _____

Donor Representative Name: _____

Donor Company Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Daytime Phone: _____

Description of item /service: _____

Approximate Retail Value: _____

_____: I will deliver item(s)

Crawford Adventist Academy
Attn: Development Office
531 Finch Ave. W.
North York, ON M2R 3X2

_____: Pick-up Required

Address: _____

Thank you for your generous support! All items must be delivered/picked-up by July 5, 2025.

On behalf of the Vernon Langdon Golf Classic Committee

Judy Gamez, Development Director

Charitable Registration # 89115 4544 RR0001