

SPONSORSHIP AGREEMENT

Please Print

Company Name -

Recognize As -

Contact Name & Title -

Phone - Fax - Email -

Executive Assistant -

Phone - Fax - Email -

Marketing Contact -

Phone - Fax - Email -

Mailing Address -

City - Province - Postal Code -

Sponsorship Level - @ \$.....

In addition to the Sponsorship, I would also like to purchase for my foursome, *Contest Passports (participate in five contests)* at the pre-sale price of \$300 (\$100 each golfer at event) – pick up at Registration Desk

We are unable to participate as a sponsor but are pleased to donate \$.....

Payment Type

- VISA
- MASTERCARD
- CHEQUE (*make payable to West Park Healthcare Centre Foundation*)
- Invoice me at the above address

Credit Card # - Expiry Date -

Cardholder Name - Cardholder Signature -

Office Use Only

Fund - Appeal -

Campaign - Solicitor -

Date Received - Submitted By -

Together, We are West Park!

Please return form to Jennifer Tasca:
82 Buttonwood Avenue, Toronto, ON M6M 2J5
Tel: 416-243-3600 ext. 4428 Fax: 416-243-8523 Email: jennifer.tasca@westpark.org
westpark.org Charitable Bus # 11929 5350 RR0001