



SPONSORSHIP REGISTRATION FORM

SPONSORSHIP OPPORTUNITIES

- | | |
|---|--|
| <input type="checkbox"/> Presenting Sponsor\$60,000 | <input type="checkbox"/> Prestige Sponsor\$5,000 |
| <input type="checkbox"/> Rink Sponsor\$20,000 | <input type="checkbox"/> Rink Board Signage\$1,000 |
| <input type="checkbox"/> Team Sponsor\$10,000 | |

SPONSORS will have their logo displayed at the event and in associated printed and digital materials.

Note: A Business/Official Tax Receipt will be issued for your donation portion in accordance with CRA Guidelines.

TEAM REGISTRATION

- Team\$10,000

INDIVIDUAL PLAYER REGISTRATION

- Individual Player\$1,000 QTY _____ \$ _____

DONATION ONLY

- I regret that I cannot attend the event, but would like to enclose a donation:

* A tax receipt will be issued for all donations of \$18 or more.

\$ * []

PERSONAL AND BILLING INFORMATION

- Corporate donation Personal donation Invoice

Name: _____

Company: _____

* The tax receipt will be issued to the name or company specified

Address: _____

City: _____ Province: _____ Postal code: _____

Email: _____ Telephone: _____

- VISA** **MasterCard** **AMERICAN EXPRESS** Cheque* Amount: \$ _____

*Cheque payable to **Cedars Cancer Foundation re: Cedars Hockey to Conquer Cancer**

Cardholder name: _____

* Please note that tax receipt will be issued in card holder's name.

Card number: _____ Expiry date: _____ / _____

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Please return your payment or address any inquiries to
Natalia Kalbarczyk at natalia.kalbarczyk@cedarscancer.ca

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Charity Registration Number: 105202501-RR0001

