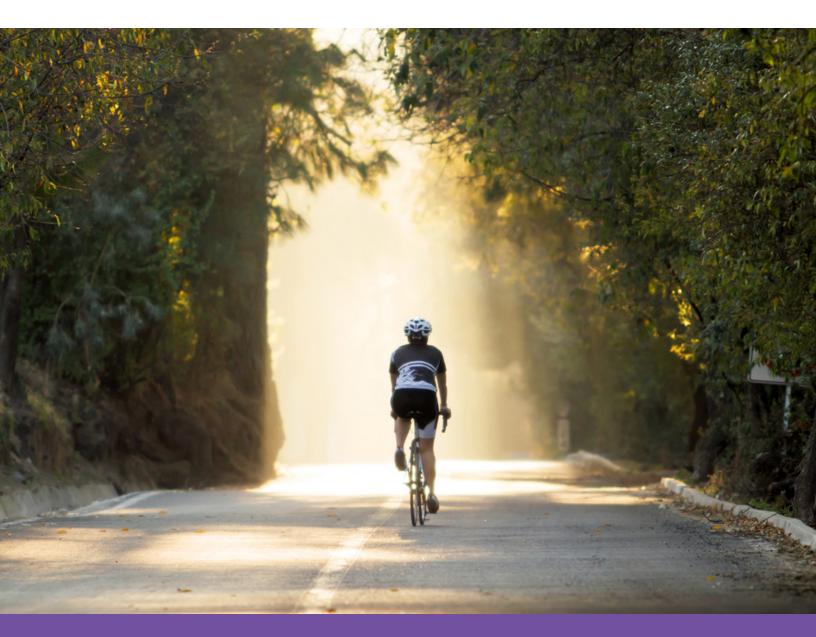
# CYCLO TOUR ESPOIR CEDARS RIDE GRATITUDE DES CÈDRES ÉHOPE & GRATITUDE



### SPONSORSHIP OPPORTUNITIES

September 13-15, 2019
Domaine Château-Bromont
Bromont, Québec









September 13-15, 2019
Domaine Château-Bromont
90 Stanstead street, Bromont (QC)

#### SPONSORSHIP OPPORTUNITIES

#### **GOLD SUMMITTITLE SPONSOR**



- Prominent logo on the front of the Team Jersey
- Logo displayed in promotional and paid print media
- Logo displayed on website and social media
- Logo on all Sponsor boards at the event
- Logo on all support vehicles
- Start and Finish Line banner/signs
- Mentioned in all press releases
- Opportunity for product distribution to riders
- Announcement throughout the weekend

#### SILVER SUMMIT SPONSOR



- Prominent logo on the front of the Team Jersey
- Logo displayed in promotional and paid print media
- Logo displayed on website and social media
- Logo on all Sponsor boards at the event
- Logo on all support vehicles
- Mentioned in all press releases
- Opportunity for product distribution to riders
- Announcement throughout the weekend

#### **BRONZE SUMMIT SPONSOR**



- Logo displayed on website and social media
- Logo on all Sponsor boards at the event
- Mentioned in all press releases
- Opportunity for product distribution to riders
- Announcement throughout the weekend

#### **TRAILBLAZER**



- Pit stop sponsor lunch and water stations
- Logo displayed on website and social media
- Logo on all Sponsor boards at the event









## September 13-15, 2019 Domaine Château-Bromont 90 Stanstead Street, Bromont (QC) J2L 1K6

#### SPONSORSHIP DONATIONS

	Benefitting the Ced	ars Cell Therapy I	nitiative under the	leadership of Dr. Pi	erre Laneuville.
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GOLD SUMMIT TITLE SPONSOR	\$5,000
□ SILVER SUMMIT SPONSOR	\$2,500
□ BRONZE SUMMIT SPONSOR	\$1,000
TRAILBLAZER	\$500

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.

□ I am unable to attend but would like to make a donation of \$

GENERAL INFORMATION						
Name:						
Company <sup>*</sup> :		• ONLY if t	ax receipt is issued in the company's name			
Address:						
City:		Province:	Postal Code:			
Email:		Telephone:				
PAYMENT DETAILS						
□ Visa □ Mastercard □ Amex □ Cheque Amount: \$ Cheque payable to: <b>The Cedars Cancer Foundation re: Ride for Hope</b> Cardholder's Name:						
Card Number:			Expiry Date:			

• A full tax receipt will be issued for all donations for \$18 or more

For more information contact natalia.kalbarczyk@cedarscancer.ca or (514) 656-6662 ext. 228 Cedars Cancer Foundation • 1310 Greene Avenue, Suite 520, Westmount (QC) H3Z 2B2 www.cedars.ca





