



## SPONSORSHIP FORM

Name/Company Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Sponsorship Packages

- Yes, I want to be a Diamond Plus Sponsor (\$25,000)
- Yes, I want to be a Diamond Sponsor (\$10,000)
- Yes, I want to be a Platinum Sponsor (\$5,000)
- Yes, I want to be a Gold Sponsor (\$2,500)
- Yes, I want to be a Silver Sponsor (\$1,000)
- Yes, I want to be a Bronze Sponsor (\$500)
- Yes, I want to be a Community Sponsor (\$250)
- Yes, I want to Sponsor \_\_\_\_\_ Tables at \$100 each for a total of \$ \_\_\_\_\_
- Yes, I would like to assist with a donations of \$ \_\_\_\_\_

*Receipts will be issued according to Canada Revenue Agency regulations.*

**Note: Please see reverse.**

### Payment Method

- Cheque. (Please make cheque payable to: Clinton Public Hospital Foundation)
- Visa
- MasterCard

Credit Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Note: You can also pay with debit or credit at the Foundation Office.

### Foundation Contact Information

Foundation Contact Name: \_\_\_\_\_

### Please Return Sponsorship to:

Clinton Public Hospital Foundation  
98 Shipley Street  
Clinton, Ontario, N0M 1L0

Or return to your Clinton Public Hospital Foundation Contact.

### Clinton Public Hospital Foundation

Foundation Coordinator: Darlene McCowan

Email: [cph.foundation@hpha.ca](mailto:cph.foundation@hpha.ca)

Phone: 519-482-3440 ext: 6297

Fax: 519-482-8762

Web: <https://cph.foundation.ca>

