

SPONSORSHIP ORDER FORM



Name/Company Name: _____

Date: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-Mail: _____

Sponsorship Packages:

Check One



\$10,000- Presenting Sponsor



\$2,500- Morning Stretch Sponsor



\$5,000- Community Care Sponsor



\$1,500- Paws for Cause Sponsor



\$2,500- Lil' Hikers Children Sponsor



\$1,000- Corporate Team

I am unable to attend but would like to donate: \$ _____

Payment Options: Cheque Visa Mastercard

Credit Card Number: _____

Name on Credit Card: _____

Expiry Date: _____ / _____ Security Code (CVV): _____

**Please complete and send this form
(with CHQ if chosen method of payment) to:**

Hospice Vaughan 9383 Islington Ave. Vaughan, ON L4H 3G7

OR Email Scan to: events@hospicevaughan.com

Please provide hi-res PNG or JPEG logo file for sponsorships.

For questions, please contact: events@hospicevaughan.com