



BVD Group

PRESENTS

HOLI

galala

FESTIVAL OF COLOURS

CONTACT INFORMATION

Company Name _____

Contact Name _____

Contact Position _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Cell _____ Email _____

Please be advised that all attendees must be 18+.

SPONSORSHIP LEVEL

Presenting Sponsor: **\$100,000** (Sold to BVD Group)

Lotus Sponsor: **\$75,000**

Jasmine Sponsor: **\$50,000**

Orchid Sponsor: **\$30,000**

Rose Sponsor: **\$10,000**

Daisy Sponsor: **\$4,000**

Business receipt for the full amount will be issued.

DONATION

I'd like to support Osler's redevelopment and equipment needs with a donation of.

\$1,000

\$500

\$250

\$100

Other _____

All donations over \$20 will be issued a tax receipt.

PAYMENT

Visa Master Card American Express Invoice Required (Available for sponsorships only)

Cheque Enclosed. Please make payable to William Osler Health System Foundation, 20 Lynch St., Brampton, ON L6W 2Z8

Business Credit Card Personal Credit Card

Card # Expiry _____ CCV _____

Name as it appears on card _____

Please email completed form to your Foundation contact or foundation.events@williamoslerhs.ca

APRIL 6, 2024 • 6:00 P.M. • Pearson Convention Center



Irfan Siddiqui
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