



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

- ~~SOLD!~~ Presenting Sponsor: **\$100,000**
- Dinner/Auction Sponsor: **\$50,000**
- VIP Table: **\$10,000**
- Corporate Table Sponsor: **\$7,500**
- Entertainment Sponsor: **\$75,000**
- ~~SOLD!~~ Cocktail/Centerpiece/Photobooth/Valet Sponsor: **\$25,000**
- Community Table 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**

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

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 _____

Charitable Business Number 12996 5133 RR0001

APRIL 5, 2025 • 6:00 P.M. • Pearson Convention Center



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