

SPONSORSHIP FORM

Please complete this form and return to Mary Watson at: mary.watson@williamoslerhs.ca.

Company:

Contact:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

Mobile:

Email:

SPONSORSHIP LEVELS

Presenting Sponsor – \$35,000

SOLD! – ~~18TH Hole Sponsor (Helicopter Ball Drop) – \$20,000~~

Eagle Sponsor – \$15,000:

Lunch

Photo Partner

Iron Sponsor – \$10,000:

Golf Ball

Breakfast

Cocktail Reception

Birdie Sponsor – \$5,500

Hole Sponsor – \$1,500

Fairway Donor – \$500

ADD the NEW Osler Open Passport! Number of passports x \$200 =

Donations: I am unable to attend but enclose my donation of \$ for a full tax receipt.

PAYMENT

Total amounts payable for sponsorships and/or donation: \$

Cheque enclosed (please make payable to William Osler Health System Foundation)

MAIL TO: **Osler Foundation, 20 Lynch Street, Brampton, ON L6W 2Z8**

Visa

MasterCard

American Express

Card #:

Exp. Date:

Name as it appears on card:

Authorized Signature:

TAX RECEIPT POLICY: Participants will have the option of:

(A) receiving a business receipt for the full cost of the event, or

(B) a donation tax receipt for the eligible portion and a business receipt for the balance.

PRIVACY POLICY: Personal information gathered by our organization is kept in confidence and used only to process donations and keep our donors informed about Osler and Osler Foundation activities. We do not sell, trade or otherwise share our mailing lists.

Internal Use Only RE Number: