

**SPONSOR FORM**

Please complete this form and return to Dota Crawford at: [dota.crawford@williamoslerhs.ca](mailto:dota.crawford@williamoslerhs.ca).

Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

**SPONSORSHIP LEVELS**

**Presenting Sponsor - \$25,000**

**Eagle Sponsor - \$15,000:** Breakfast Lunch Photo Partner

**Iron Sponsor - \$10,000:** Golf Ball Cocktail Reception

**Birdie Sponsor - \$5,000 Hole Sponsor - \$1,500 Fairway Donor - \$500**

**Individual Golfer - \$1,250 each.** Please indicate total number of individual golfers:

<b>Additional Donation:</b>	\$100	\$250	\$500
I would like to make a donation to William Osler Health System Foundation (receipt issued according to CRA guidelines).	\$750	Other	

**PAYMENT**

Total amounts payable for sponsorships and/or donation: \$ \_\_\_\_\_  
 Cheque (please make payable to William Osler Health System Foundation)  
 MAIL TO: **20 Lynch Street, Brampton, ON L6W 2Z8**  
 Visa MasterCard American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**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:** \_\_\_\_\_