

SPONSORSHIP AGREEMENT FORM



SPONSORSHIP GRID							
BENEFITS	PRESENTING \$10,000+	PLATINUM \$7,500	DIAMOND \$5,000	GOLD \$2,500	SILVER \$1,000	BRONZE \$500	FRIEND
VIP TABLE	X	X	X				
TABLE VALET	X	X	X				
LIMITED ADVANCE TICKET PURCHASE	X	X	X	X			
BANNER DISPLAY AT EVENT	X	X	X	X	X	X	
SPONSORED LISTED ON WEBSITE	LOGO	LOGO	LOGO	NAME	NAME	NAME	NAME
THANK YOU ON MEDIA ADVERTISING	LOGO	LOGO	LOGO	NAME	NAME	NAME	NAME
RECOGNITION EVENT PROGRAM	X	X	X	X	X	X	X
EVENT TICKETS	3 TABLES	2 TABLES	1 TABLE	6 TICKETS	4 TICKETS	2 TICKETS	

BOOK YOUR TICKETS

DEADLINE FOR QUALIFYING SPONSORS, DONORS, TO SECURE TICKETS IS

FRIDAY, MAY 5TH, 2020.

TICKET SALES OPEN TO THE PUBLIC ON WEDNESDAY APRIL 1ST, 2020.

ADDITIONAL SPONSORSHIP BENEFITS

TAKEN	SPONSORSHIP	VALUE	ADDITIONAL BENEFIT TO THOSE LISTED ABOVE
2 AVAILABLE 1 SOLD	WINE SPONSOR	\$1,000	LOGO LISTED ON TABLE CARDS
3 AVAILABLE	APPETIZER SPONSOR	\$1,000	LOGO LISTED ON TABLE CARDS
1 AVAILABLE	VALET SPONSOR	\$500	LOGO DISPLAYED AT VALET TABLE
5 AVAILABLE	VENUE SPONSOR	\$1,000	LOGO LISTED ON TABLE CARDS
2 AVAILABLE	AUDIO/VIDEO SPONSOR	\$750	LOGO DISPLAYED AT AUDIO TABLE
2 AVAILABLE	WEBSITE SPONSOR	\$500	SPONSOR LISTED ON WEBSITE
3 AVAILABLE	SIGN SPONSOR	\$2,500	LOGO DISPLAYED ON ALL SIGNS
3 AVAILABLE	FLOWER SPONSOR	\$1,000	LOGO DISPLAYED ON TABLES WITH FLOWER ARRANGEMENTS

PLEASE COMPLETE REVERSE SIDE OF SPONSORSHIP FORM

SPONSORSHIP FORM

COMPANY/PERSONAL NAME: _____

INDICATE NAME AS IT IS SHOULD APPEAR IN ANY PUBLICATIONS

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____

PROV: _____

POSTAL CODE: _____

PH: _____

CELL: _____

FAX: _____

EMAIL: _____

DONATION / SPONSORSHIP INFORMATION

VALUE OF DONATION/SPONSORSHIP: \$ _____

CASH GIFT IN KIND (PLEASE ATTACH RECEIPTS)

DESCRIPTION OF DONATION: _____

TAX RECEIPT INFORMATION

TAX RECEIPTS: CHOOSE ONE OF THE FOLLOWING:

(PER CRA REGULATIONS)

(PER CRA REGULATIONS)

TICKET INFORMATION

SEE REVERSE SIDE TO DETERMINE # OF QUALIFIED TICKETS						
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PAYMENT METHOD

INVOICE ME AS OF 2020

CHEQUE (PAYABLE TO

CALGARY SHAW CHARITY CLASSIC FOUNDATION

VISA # _____

MC # _____

EXPIRY: _____

EXPIRY: _____

NAME ON CARD: _____

AUTHORIZING SIGNATURE: _____

FOR OFFICE USE ONLY

SPONSORSHIP LEVEL _____

PAYMENT TYPE _____

ACKNOWLEDGED _____

GIFTWORKS _____

FUND _____

CAMPAIGN _____

SOLICITOR _____

FORM COMPLETED BY _____

CRA CHARITABLE REGISTRATION # 107878639 RC 0001

