



SPONSORSHIP REQUEST FORM

Thank you for considering becoming a sponsor of our charity event. Please fill out the information below for sponsorship.

COMPANY NAME:

CONTACT NAME:

ADDRESS:

ADDRESS #2:

CITY:

PROVINCE:

POSTAL CODE:

PHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

WEBSITE ADDRESS:

(Please circle one)

WE ARE INTERESTED IN SPONSORING THE EVENT AS A:

PLATINUM

GOLD

SILVER

BRONZE

PLEASE TELL US HOW YOU WANT TO SUPPORT OUR CAUSE: (i.e. – cash donation):

OTHER COMMENTS:

Note: Please attach a jpeg version of your logo.

Please send completed form to suzy@breastcancersnowrun.org or by fax to (905)-858-7965

523 Elizabeth Street Suite 101 Midland, Ontario L4R 2A2

1-877-436-6467

705-528-1053

Fax: 705-528-0782

www.breastcancersnowrun.org Charitable Reg. Number 89537 6614 RR0001