

2018 SPONSORSHIP AGREEMENT



APPLICANT INFORMATION

Contact Name*:

Company Name*:

Address*:

City*:

Province*:

Postal Code*:

Phone*:

Fax:

Email*:

Website:

SPONSORSHIP

Sponsorship Package: (Please check)

<input type="checkbox"/>	\$10,000 Bliss Sponsor	<input type="checkbox"/>	\$1,000 Delight Sponsor
<input type="checkbox"/>	\$5,000 Serenity Sponsor	<input type="checkbox"/>	\$500 Wellbeing Sponsor
<input type="checkbox"/>	\$2,500 Tranquility Sponsor	<input type="checkbox"/>	Other amount \$ _____
Additional Tickets requested:	Yes No	No. of Tickets @ \$75/ticket: ____	

METHOD OF PAYMENT

Cheque payable to: **Sagesse**

Credit Card:

Visa

MasterCard

Name on Card:

Card Number:

Expiration Date:

Signed By:

Date:

**Income tax deductible receipt will be issued at year end and received by February 2019.
Tickets will be forwarded by e-mail before event with copy of agreement.**