



What Your Mother Never Told You!

A special morning for women who have it all (and want to keep it!)

Sponsorship Response Form

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Please include your website, and any social media links:

I wish to support Mackenzie Health Foundation.

- | | | | |
|---|--|--|----------------|
| <input type="checkbox"/> Diamond Presenting Sponsor | \$10,000 | <input type="checkbox"/> Platinum Presenting Sponsor | \$5,000 |
| <input type="checkbox"/> Gold Sponsor | \$2,500 | <input type="checkbox"/> Silver Sponsor | \$1,000 |
| <input type="checkbox"/> Bronze Sponsor | \$500 | | |
| <input type="checkbox"/> Product Sponsor | Indicate item(s) and approx. value: _____ | | |

Mackenzie Health Foundation will issue business acknowledgements to all companies or organizations, as there is usually a greater tax advantage for a business to claim their contribution as a business expense write-off. Charitable income tax receipts will be issued to individual donors only upon request, pending determination that their donation is receiptable under the CRA Guidelines.

- Cheque (Payable to Mackenzie Health Foundation)** **Visa** **MasterCard** **Amex**

Name on Card _____

Card Number _____ Expiry ____/____

Date _____ Signature _____

www.TheJoyOfAging.ca

Contact the organizers at:

info@TheJoyOfAging.ca

T: 905-707-5220 | F: 905-707-1035

Assante Capital Management Ltd.

302-9130 Leslie Street, Richmond Hill, ON L4B 0B9

All proceeds will be donated to Mackenzie Health Foundation

Charitable Registration No.: 11930 6215 RR0001