



Sponsorship Packages

Platinum

Logo on www.acureinthefuture.com under Platinum Sponsors

Link to your website

Logo Video Screen recognition at the Gala on Saturday February 18, 2012

Podium recognition at the Gala from guest MC

Table of 10 guests at the Gala Saturday February 18, 2012

Logo in the program

Platinum Sponsor Package \$3,000.00

Gold

Logo on www.acureinthefuture.com under Gold Sponsors

Logo Video Screen recognition at the Gala on Saturday February 18, 2012

Table of 10 guests at the Gala Saturday February 18, 2012

Name in the program

Gold Sponsor Package \$2,500.00

Silver

Name on www.acureinthefuture.com under Silver Sponsors

Name Video Screen recognition at the Gala on Saturday February 18, 2012

Table of 10 guests at the Gala Saturday February 18, 2012

Name in the program

Silver Sponsor Package \$2,000.00

Bronze

Name on www.acureinthefuture.com under Supporters

Logo Video Screen recognition at the Gala on Saturday February 18, 2012

Name in the program

Bronze Sponsor Package \$1,000.00

910 ROWNTREE DAIRY ROAD - UNIT 23 - VAUGHAN, ONTARIO - L4L 5W5

Tel: 416 410-5177 905 264-3550 Fax: 416 410-5652

www.acureinthefuture.com email: info@acureinthefuture.com



Copper

Name on www.acureinthefuture.com under Supporters

Name Video Screen recognition at the Gala on Saturday February 18, 2012

Name in the program

Copper Sponsor Package \$500.00

Supporters

Name on www.acureinthefuture.com under Supporters

Name Video Screen recognition at the Gala on Saturday February 18, 2012

Supporters Sponsor Package

Donations of Door Prizes, Raffle Prizes, Silent Auction Items

**We thank you in advance for your support and participation
Let's help conquer cancer together**

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SPONSORSHIP FORM

Company Name: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Sponsorship Package:

SPONSORSHIP PACKAGE TOTAL: _____

Note: All sponsors to provide ready to go artwork for ads.

Please make all cheques payable to: A CURE IN THE FUTURE RETRO GALA

Internal only:

Contact: _____

Date: _____

Payment Information: _____