

GARE VIGER

WONDERBALL v6

APRIL 17, 2020



JOIN THE MOVEMENT & THE FUTURE OF PHILANTHROPY.



FONDATION DE
L'HÔPITAL
ST. MARY

ST. MARY'S
HOSPITAL
FOUNDATION



GARE VIGER
WONDERBALL v6
APRIL 17, 2020



FONDATION DE
L'HÔPITAL
ST. MARY

ST. MARY'S
HOSPITAL
FOUNDATION

ST. MARY'S YPG IS PUTTING OUR HOSPITAL AT THE FOREFRONT
WITH STATE-OF-THE-ART TECHNOLOGY.
ALONG WITH **HOSPITAL WIDE WI-FI** INSTALLATION



YOUR GENEROUS CONTRIBUTION WILL BE APPLIED TO THE NEW

REDUCED RADIATION

CT SCANNER



REDUCED RADIATION DOSES.
HIGH IMAGE QUALITY.
QUICK SCANS.
FAST DIAGNOSIS.

FOR MORE INFORMATION
WONDERBALLMTL.CA

EXCLUSIVE HOSTING SPONSORSHIP

\$30,000

PRE-EVENT

- Exclusive status as Hosting Sponsor with corporate representation on **all printed material**
- Corporate representation on **Wonderball website** for 1 year
- Corporate representation on **media press release**
- Corporate representation on website when **tickets are purchased**
- Corporate representation on **Wonderball social media**

ON-SITE

- Exclusive status as Hosting sponsor with visual corporate representation in **VIP lounge area**
- Corporate representation on **media back drop**
- Corporate visual representation **throughout venue**
- **10 tickets** to the event
- Arrive in style with **luxury limo/towncar pick up** service
- Corporate representation on **Wonderball social media**

POST-EVENT

- Corporate representation on all **thank you letters** to attendees and supporters
- Corporate recognition in all **media articles**
- Corporate acknowledgement in the **St. Mary's Society Booklet**
- Corporate representation on **Wonderball social media**

INFORMATION

Company _____ Name _____

Email _____ Address _____

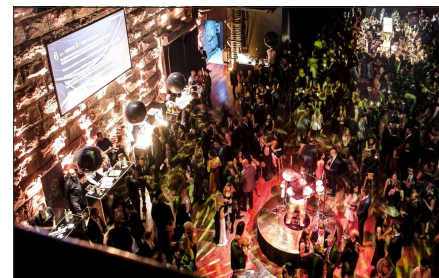
City _____ Postal Code _____ Telephone _____

Wonderball Committee contact _____

METHOD OF PAYMENT

☐ Cheque (payable to St. Mary's Hospital Foundation) Card Number _____ Expiry date _____

☐ Visa ☐ MasterCard ☐ American Express Signature _____



OTHER DONATION OPPORTUNITY

In lieu of participating in the event,
I would like to support
St. Mary's Hospital Foundation
by making a donation of

\$

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FONDATION DE
L'HÔPITAL
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FOUNDATION

PLATINUM SPONSORSHIP

\$15,000

PRE-EVENT

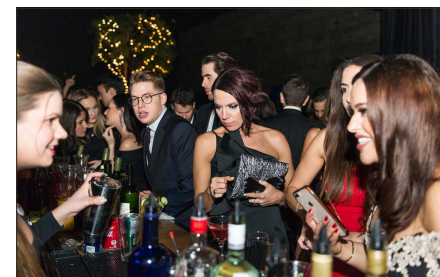
- Corporate representation on **Wonderball website** for 1 year
- Corporate representation on **Wonderball social media**

ON-SITE

- Corporate representation on **Media back drop**
- Corporate visual representation **throughout venue** the night of
- **6 tickets** to the event
- Corporate representation on **Wonderball social media**

POST-EVENT

- Corporate recognition in all **media articles**
- Corporate representation on **Wonderball social media**



OTHER DONATION OPPORTUNITY

In lieu of participating in the event,
I would like to support
St. Mary's Hospital Foundation
by making a donation of

\$

INFORMATION

Company _____ Name _____

Email _____ Address _____

City _____ Postal Code _____ Telephone _____

Wonderball Committee contact _____

METHOD OF PAYMENT

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FOUNDATION DE
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HOSPITAL
FOUNDATION

GOLD SPONSORSHIP

\$10,000

PRE-EVENT

- Corporate representation on **Wonderball website** for 1 year
- Corporate representation on **Wonderball social media**

ON-SITE

- Corporate representation on **Media back drop**
- Corporate visual representation **throughout venue** the night of
- **4 tickets** to the event
- Corporate representation on **Wonderball social media**

POST-EVENT

- Corporate recognition in all **media articles**



OTHER DONATION OPPORTUNITY

In lieu of participating in the event,
I would like to support
St. Mary's Hospital Foundation
by making a donation of

\$

INFORMATION

Company _____ Name _____

Email _____ Address _____

City _____ Postal Code _____ Telephone _____

Wonderball Committee contact _____

METHOD OF PAYMENT

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☐ Visa ☐ MasterCard ☐ American Express Signature _____

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FONDATION DE
L'HOPITAL
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FOUNDATION

SILVER SPONSORSHIP

\$5,000

PRE-EVENT

- Corporate representation on **Wonderball website** for 1 year

ON-SITE

- Corporate visual representation **throughout venue** the night of
- **2 tickets** to the event



OTHER DONATION OPPORTUNITY

In lieu of participating in the event,
I would like to support
St. Mary's Hospital Foundation
by making a donation of

\$

INFORMATION

Company _____ Name _____

Email _____ Address _____

City _____ Postal Code _____ Telephone _____

Wonderball Committee contact _____

METHOD OF PAYMENT

☐ Cheque (payable to St. Mary's Hospital Foundation)

Card Number _____ Expiry date _____

☐ Visa

☐ MasterCard

☐ American Express

Signature _____