

Pledge Form



Table and partnership purchase(s)

Please note that tax receipts will not be issued due to the visibility received in return.

1 table = 10 guests

	\$10 000 Diamond Table	\$5 000 Prestige Table	\$3 500 Platinum Table	\$5 000 Gold Partner	\$2 000 Silver Partner	\$1 000 Bronze Partner	\$5 000 Artist Partner	\$3 000 Cocktail Partner	Partner Goods & Services
Complementary tickets	1 x table	1 x table	1 x table					2 tickets	
Remarks at the event opening (2 minutes)	x								
Public recognition during the evening	x	x							According to the partnership value
Display of your company logo at your table	x	x	x						
Display of your company logo in the evening's program/menu (R.S.V.P. before October 13, 2017)	1 page	½ page	¼ page	1 page	¼ page	½ page	½ page	½ page mention	According to the partnership value
Your company logo featured on the major partners' banner located at the guest entrance (according to the partnership value)	x	x	x	x	x	x	x	x	
Projection of your logo in the multimedia presentation (according to the partnership value)	x	x	x	x	x	x	x	x	According to the partnership value
Recognition on the Foundation website (according to the partnership value)	x	x	x	x	x	x	x	x	
Recognition of your company in the Foundation's annual report (according to the partnership value)	x	x	x	x	x	x	x	x	
Acknowledgement place cards with your company logo on the artist's seating place							x		
Banner with your company logo at the cocktail								x	
Please indicate your choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ticket purchase(s)

A tax receipt will be issued according to market value.

I accept your invitation. Please send me

ticket(s) x \$250.....

TOTAL : = \$

= \$

Donation

A tax receipt will be issued according to market value.

I am unable to join you, please accept this donation of:

\$100

\$200

\$500

Autre \$ _____

..... = \$

TOTAL AMOUNT: = \$

PLEASE ISSUE A TAX RECEIPT AS:

Personal

Corporate

Contact information and payment

COMPANY
 FIRST NAME
 SURNAME
 ADDRESS
 CITY
 POSTAL CODE
 PHONE (DAY)
 EMAIL ADDRESS

CHECK (made payable to: Fondation Marie-Ève-Saulnier)

VISA MASTERCARD AMEX

CARD NUMBER

EXPIRY:

CARDHOLDER NAME:

SIGNATURE: _____

Fondation Marie-Ève-Saulnier - 3925 Grande-Allée Street, #102, St-Hubert QC J4T 2V8 - Phone: 450 926-9000 / Fax: 450 766-8843 www.fondationmarieevesaulnier.qc.ca
 Charitable registration # 88222 0965 RR0001

Please return this completed form by email to:
 fourchettesetendresses@o2mtl.com
 Information: 514 875-2107

