

MAJOR PARTNERS OF THE EVENING



Caisse de dépôt et placement
du Québec



BENEFIT EVENING

In support of Scleroderma Quebec

November 7th, 2017 - Cabaret du Casino de Montréal

REGISTRATION FORM/SPONSORSHIPS

To confirm your sponsorship, please return this completed form
by email to info@sclerodermie.ca.

For credit card reservations, please send by fax to 450-748-0981 or by mail.

Method of payment: Cheque Visa MasterCard Please invoice me by mail

Credit Card #

Expiry Date _____ / _____

Card holder's name

Signature (credit card)

Address your cheque to Scleroderma Quebec and send it with the form to:
Scleroderma Quebec

550, chemin Chambly, Suite 40 Longueuil QC J4H 3L8
For more information: 514-990-6789 / 1-844-990-6789

INFORMATION TO BE COMPLETED FOR YOUR PASSES OR FOR INVOICING:

Name		Company	
Address		Suite/Floor/Tower	
City	Province	Postal Code	
Telephone	Fax	Email	

I accept email communication from Scleroderma Quebec.

MY CHOICE:

(See the detailed benefits of the attached partnership plan)

<input type="checkbox"/> DIAMOND Sponsor — Sponsorship of \$15 000	<input type="checkbox"/> GOLD Sponsor — Sponsorship of \$5 000
<input type="checkbox"/> PLATINUM Sponsor — Sponsorship of \$10 000	<input type="checkbox"/> SILVER Sponsor — Sponsorship of \$3 500
<input type="checkbox"/> RUBY Sponsor — Sponsorship of \$7 500	<input type="checkbox"/> BRONZE Sponsor — Sponsorship of \$2 000

TOTAL SPONSORSHIP \$ _____

Donor I cannot attend the Benefit Evening but wish to contribute to Scleroderma Quebec's fundraising campaign by donation: \$ _____

(For donations, a full receipt for tax purposes will be sent later.)

NAME OF THE PERSON WHO CONTACTED YOU: _____