

Name: _____ Email: _____

Company: _____ Address: _____

City: _____ Province: _____ Postal code: _____ Telephone: _____

TITLE SPONSOR \$10,000

PRE-EVENT

- Logo as the Title Sponsor in the press release
- Logo on the Wonder Race Website (wonderracemtl.ca)
- Post on our social media (Facebook, Instagram and LinkedIn)

ON-SITE

- 5 teams of four
- One challenge
- Logo in prominence on the backdrop at start/finish line
- Logo in prominence on t-shirt
- Recognition at every challenge and on signage

POST-EVENT

- Logo on all thank you letters to participants and supporters
- Logo as the Title Sponsor in the press release

Please register me for this level of recognition

SUPPORTING SPONSOR \$5,000



PRE-EVENT

- Logo in the press release
- Logo on the Wonder Race Website (wonderracemtl.ca)
- Post on our social media (Facebook, Instagram and LinkedIn)

ON-SITE

- 3 teams of four
- One challenge
- Logo in prominence on the backdrop at start/finish line
- Logo in prominence on t-shirt
- Recognition at every challenge and on signage

POST-EVENT

- Logo on all thank you letters to participants and supporters
- Logo in the press release

Please register me for this level of recognition

TEAM SPONSOR \$2,000

PRE-EVENT

- Logo in the press release
- Logo on the Wonder Race Website (wonderracemtl.ca)
- Post on our social media (Facebook, Instagram and LinkedIn)

ON-SITE

- 1 team of four
- Logo in prominence on the backdrop at start/finish line
- Logo in prominence on t-shirt
- Recognition at every challenge and on signage

POST-EVENT

- Logo on all thank you letters to participants and supporters
- Logo in the press release

Please register me for this level of recognition

YOUR OWN CHALLENGE \$1,000

PRE-EVENT

- Logo on the Wonder Race Website (wonderracemtl.ca)
- Post on our social media (Facebook, Instagram and LinkedIn)

ON-SITE

- Your own branded & experiential Wonder Race challenge
- Logo on the backdrop at start/finish line
- Logo on t-shirt

POST-EVENT

- Logo on all thank you letters to participants and supporters

Please register me for this level of recognition

METHOD OF PAYMENT

Amount: \$ _____

Cheque (payable to Shriners Hospitals for Children® - Canada)

Card Number: _____ Expiry Date: _____

Visa MasterCard American Express

Signature: _____ Code CVV: _____

For publishing deadlines, we respectfully request an EPS format of the Company's logo before May 4, 2020. Tax receipts will be issued as applicable.

Please return this form to the attention of:

SHANNON MCGIRR, Fundraising Event Specialist, Donor Development / Tel: (514) 282-8344 / smcgirr@shrinenet.org

Shriners Hospitals for Children® - Canada 1003 boulevard Décarie, Montreal, QC, Canada H4A 0A9

