



Hockey for Health 3 on 3 Tournament

April 11-15, 2018

Help us complete the CT project at LWDH



Business Name: _____

Contact Person: _____

Address: _____

City/Prov: _____ Postal Code: _____

Phone: _____ Email: _____

- | | | | |
|-----------------|--------------------------|----------|------------------------|
| Platinum | <input type="checkbox"/> | \$ _____ | \$2000 or greater |
| Gold | <input type="checkbox"/> | \$ _____ | \$1000-\$1999 |
| Silver | <input type="checkbox"/> | \$ _____ | \$500-\$999 |
| Bronze | <input type="checkbox"/> | \$ _____ | \$300-\$499 |
| Donation | <input type="checkbox"/> | \$ _____ | (Sponsor Benefits N/A) |

Alternatively, a monetary donation may be made - an official tax receipt will be issued.

Benefits of Sponsorship:

- Platinum Sponsor– 1- 2'x5' Vinyl Banner behind the benches in Kenora plus recognition as Platinum Sponsor at both arenas.
- Gold Sponsor– Gold Recognition at both arenas
- Silver Sponsor– Silver Recognition at both arenas
- Bronze Sponsor– Bronze Recognition at both arenas

Benefits for all Sponsors:

- Sign for business/individual display stating Sponsorship
- Listed on www.lwdhf.com, LWDHF's Facebook fan page and plugged on the radio as an event sponsor.
- Exposure to players, their families and their fans during the tournament
- Supporting your community!

**Please return
Sponsor Form by
April 4th, 2018
so that we may begin
finalizing our event
itinerary**

Hockey for Health Raffle

Please contact LWDHF offices if you would like to contribute to our Raffle Prizes!

Funds raised through raffle ticket sales attribute to nearly 50% of our proceeds and we would love to have you share in this year's success!

**Deadline for Raffle Donations is
February 10th, 2018.**

Donor name will be included on tickets.

Method of Payment:

- Cash
- Cheque # _____
- Visa
- Master Card

Send To: Lake of the Woods District Hospital Foundation (LWDHF)
21 Sylvan Street West Kenora, ON P9N 3W7

Phone: 807-468-9861 **Fax:** 468-6051 **Email:** lwdhf@lwdh.on.ca

Contact: Andi Scheibler, Development Coordinator LWDHF Ext 2468

_____/_____/_____/_____
Credit Card Number

_____/_____
Exp. Date

Signature