



5k Run/Walk
Saturday, May 1, 2010

Commitment Form

Company Name:		
Contact Name:		
Address:		
Telephone:		Fax:
Email:		

(✓)	SPONSORSHIP & PARTICIPATION OPPORTUNITIES	AMOUNT
	Presenting Sponsor	\$10,000
	Elite Sponsor	\$ 5,000
	Gold Sponsor	\$ 2,000
	Silver Sponsor	\$ 1,000
	Bronze Sponsor	\$ 500
	Product or Prize Donation: <i>Please complete Product or Prize Donation section below</i>	
	Supporter: <i>Please indicate amount of donation and complete payment section below</i>	\$
	I wish to register for the event; please send me the Registration Brochure.	

Sponsorship Opportunities & Recognition (please see next page)

SPONSORSHIP & DONATION PAYMENT INFORMATION	
<input type="checkbox"/> Cheque (enclosed) Please make your cheque payable to York Central Hospital Foundation.	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
	<input type="checkbox"/> Amex
Card Number:	Expiry Date: /

Product Donation	Prize Donation
Description of Product: Quantity*: _____	Description of Prize: Value: \$ _____
(*Please note an estimated 750 participants are expected to attend.)	

Please mail or fax your completed form to:

York Central Hospital Foundation
10 Trench Street Richmond Hill ON L4C 4Z3
Fax: 905.883.2034

Charitable Registration Number: 11930 6215 RR0001

Thank You for Supporting the
Strides for Stroke 5k Run/Walk and
York Central Hospital

For further information, please contact
 Margo Sage-Arnold at 905.883.2032 or visit our website
www.yorkcentralrun.com