

**PACKAGES &
EXPOSURE**



**PLATINUM PARTNER
\$25,000**

Table of 10 guests

- Privileged location in the room
- Exclusive table service (private butler)
- Bottle of Veuve Clicquot Champagne for your table
- Full page ad in the program
- Integration of your company's name and logo
 - Projection of your logo on the screens
 - Integration on the Lise Watier Foundation website
- Mention during evening speeches
- VIP gift

**GOLD PARTNER
\$15,000**

Table of 10 guests

- Privileged location in the room
- Integration of your company's name and logo
 - Integration of your logo on the program
 - Projection of your logo on the screens
 - Integration on the Lise Watier Foundation website
- Mention during evening speeches

**SILVER PARTNER
\$10,000**

Table of 10 guests

- Integration of your company's name and logo
 - Projection of your logo on the screens
 - Integration on the Lise Watier Foundation website

**INDIVIDUAL TICKET
\$1,000**

Table of 10 guests

- Tax receipt

Please send the completed form to Atessa Adle
atessa@fondationlisewatier.com · T: 514-507-6881
3410 Peel Street, Suite 301, Montreal, Quebec H3A 1W8

**REGISTRATION
FORM**



Name of purchaser

Contact

Address

City

Postal code

Phone

Email

Solicited by (if applicable)

Sponsorship Program

\$25,000
Platinum Partner

\$15,000
Gold Partner

\$10,000
Silver Partner

A tax receipt will not be provided for tables purchased for sponsorship purposes. An invoice will be issued instead.

Tickets and donations

I would like to buy _____ tickets at \$1,000 each for a total amount of \$ _____

I am unable to attend, but I would like to make a donation of \$ _____

I am unable to attend, but I would like to donate a lot for the auction: \$ _____

For the eligible part of the donation, please produce an official receipt

Corporate

Personal

Name

Address

City

Postal code

Payment

I will make my payment online at www.fondationlisewatier.com

Please debit \$ _____ from my Visa Mastercard

Attached is my cheque of \$ _____
payable to Lise Watier Foundation

This card is Corporate Personal

Number

Expiration date

Verification code

Name

Signature

Please send the completed form to Atessa Adle
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THANK YOU FOR YOUR SUPPORT!