



# 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: \_\_\_\_\_

- |                 |                          |          |                        |
|-----------------|--------------------------|----------|------------------------|
| <b>Platinum</b> | <input type="checkbox"/> | \$ _____ | \$2000 or greater      |
| <b>Gold</b>     | <input type="checkbox"/> | \$ _____ | \$1000-\$1999          |
| <b>Silver</b>   | <input type="checkbox"/> | \$ _____ | \$500-\$999            |
| <b>Bronze</b>   | <input type="checkbox"/> | \$ _____ | \$300-\$499            |
| <b>Donation</b> | <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](http://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](mailto:lwdhf@lwdh.on.ca)

**Contact:** Andi Scheibler, Development Coordinator LWDHF Ext 2468

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_/\_\_\_\_\_  
**Exp. Date**

\_\_\_\_\_  
**Signature**