ENERGY EXPERIENCE 2025

SPONSOR CONTACT:

Company Name: _____

Contact Person:_____

Mailing Address:_____

City: _____ Province:_____ Postal Code:_____

Phone: _____ Email:_____

SPONSORSHIP LEVEL:

- ❒ **ELECTRIFYING ENERGY Sponsor** / $100,000
- ❒ **PLATINUM PULSE Sponsor** / $25,000
- ❒ **RETRO RADIANCE Sponsor** / $10,000
- ❒ **NEON LIGHTS Sponsor** / $5,000
- ❒ **POWER SURGE Sponsor** (Activity) / $7,500
- ❒ **VIBRANT VIBES Sponsor** (Décor) / $7,500
- ❒ **ELECTRIC GROOVE Sponsor** (Entertainment) / $7,500
- ❒ **SMOOTH RIDE Sponsor** (Valet) / $7,500

PAYMENT METHOD:

Please make cheque payable to the ***Stevenson Memorial Hospital Foundation***. Cheques cannot be postdated and credit cards will be charged upon receipt of this form.

❒ Cheque (enclosed) ❒ Visa ❒ MasterCard

Amount: $ _____ Card #: _____

Expiry (mm/yy):_____ CVV#: _____

Name on Card: _____

Cardholder Signature: _____

SIGNED AGREEMENT:

I, _____, agree to sponsor the ***2025 Event Experience*** in support of the ***Stevenson Memorial Hospital Foundation***.

Sponsor Signature: _____ Date: _____

Please complete & forward to: **Stevenson Memorial Hospital Foundation**
P.O. Box 4000, 200 Fletcher Crescent, Alliston, ON, L9R 1W7
705-435-6281 Ext. 2350 / Fax 705-434-5116 / foundation@smhosp.on.ca
Charitable Registration #: 119173235 RR0001