



FRIDAY, APRIL 9, 2010
HILTON SUITES MARKHAM



REPLY FORM

We would like to purchase a _____ sponsorship at \$ _____

Sponsor Information

Company Name _____

Contact Name _____ Title _____

Address _____

Tel _____ Fax _____

Email _____ Signature _____

Please forward digital logo (EPS, JPG, TIF formats; 300+ dpi) and /or advertisement for Gala program no later than March 9, 2010, to abell@msh.on.ca. Ad specs: Full page 8.5"x11", Half page 8.5"x5.5", Quarter page 4.25"x5.5".

Payment Information

Cheque Enclosed (please make payable to Markham Stouffville Hospital Foundation)

Credit Card VISA MasterCard AMEX

Card Number _____ Expiry Date _____ Name on Card _____

Please return completed form to:

Markham Stouffville Hospital Foundation
381 Church Street, PO Box 1800,
Markham, ON L3P 7P3
Fax: 905.472.7018

For more information, contact:

Allan Bell, Director, Corporate Sponsorship & Special Events
Tel: 905.472.7395
Fax: 905-472-7018
Email: abell@msh.on.ca
Charitable Registration Number:
13064 3620 RR0001



A FUNDRAISER FOR MARKHAM STOUFFVILLE HOSPITAL EXPANSION CAMPAIGN
WE'RE GROWING. TOGETHER.