



# 2021 Virtual Encore Event

## Dinner Ticket and Sponsorship Order Form

### Saturday, May 1, 2021



#### Contact Information

All fields are required to be filled

Seller: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Sponsorship Opportunities

<input type="checkbox"/>	Title Sponsor	\$20,000	\$ _____
<input type="checkbox"/>	Entertainment Sponsorship	\$15,000	\$ _____
<input type="checkbox"/>	Platinum Sponsorship	\$10,000	\$ _____
<input type="checkbox"/>	Gold Sponsorship	\$7,500	\$ _____
<input type="checkbox"/>	Silver Sponsorship	\$5,000	\$ _____
<input type="checkbox"/>	Corporate Sponsorship	\$3,000	\$ _____

#### Purchase Tickets & Donation

<input type="checkbox"/>	Household Tickets	Couples (2)	\$300.00 x _____	\$ _____
<input type="checkbox"/>	Cant attend? Support the Bruce Oake Recovery Centre by making a donation.			\$ _____

#### Program Participation

<input type="checkbox"/>	Full Page	\$1500	\$ _____
<input type="checkbox"/>	Half Page	\$700	\$ _____
<input type="checkbox"/>	Quarter Page	\$400	\$ _____

**Total Payment Due:** \$ \_\_\_\_\_

#### Payment

Please send this form completed to: **Sons & Daughters of Italy c/o 883 Notre Dame Ave. Winnipeg, MB R3E 0M4**

With payment payable to: **Bruce Oake Memorial Foundation**  Cheque  Visa  Mastercard

Credit Card Number:

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Expiration Date (MM/YY):

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Name on Card:

\_\_\_\_\_

CID

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Signature:

\_\_\_\_\_

#### Contact

All inquires regarding ticket purchases, event questions, payments/billing questions, should be directed by email to [dinneradmin@sonsofitaly.ca](mailto:dinneradmin@sonsofitaly.ca) or by phone at 204-415-7875.