



COMPANY NAME: _____
CONTACT NAME: _____ TITLE: _____
COMPANY ADDRESS: _____
CITY: _____ PROV: _____ PC: _____
TEL #: (____) _____ FAX #: (____) _____
E-MAIL: _____

♥ **Your donation in one of the following categories would be much appreciated:**

- Platinum - National Sponsor \$25,000 Gold – Special Event Sponsor \$10,000
 Silver – Local Sponsor \$5,000 Bronze – Local Sponsor \$2,500 Other Amount: \$ _____

♥ **Payment Method:**

Cheque Enclosed (payable to Cardiac Health Foundation of Canada)

Credit Card: Visa MasterCard

Card #: _____ / _____ / _____ / _____ Expiry date: _____ / _____

Name on card: _____ Signature: _____

Tax Receipt to be sent to (if applicable): _____

Please send me # _____ brochures and # _____ posters to distribute.

Please check if you would like a booth on the Exhibit floor at the GTA Walk of Life

♥ **Please Return To:**

Cardiac Health Foundation of Canada
Attn: Barbara Kennedy, Executive Director
901 Lawrence Ave. West, Suite 306,
Toronto, ON M6A 1C3
Tel: 416-730-8299 Fax: 416-730-0421 E-mail: bkennedy@cardiachealth.ca

** Be sure to check out our website www.walkoflife.ca or www.cardiachealth.ca for more information or to REGISTER your TEAM!

THANK YOU!