

Sponsorship Level Pledge Form

2018 National Catholic Health Care Conference ~ Niagara Falls, Ontario

Catholic Health Alliance of Canada

**Yes, we wish to be a FRIEND of the conference.
Please check the applicable sponsorship level:**

PLATINUM FRIEND

Major conference Sponsor

\$10,000 _____

GOLD FRIEND

\$5,000 _____

SILVER FRIEND

\$3,000 _____

BRONZE FRIEND

\$1,500 _____

SUPPORTER

\$500 _____

DONATION: We are unable to sponsor at this time, but wish to make the following donation: \$ _____

____ Cheque Enclosed

____ Invoice us now

____ Invoice us in January 2018

Please print your organization's name as you wish it to appear on all acknowledgements and signs:

Contact Person: _____ Position: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ E-Mail: _____

Organization's Website: _____

Official Representative of your organization at conference: _____



Make cheque payable to:

Catholic Health Alliance of Canada

Annex C, Saint-Vincent Hospital

60 Cambridge Street North, Ottawa, ON K1R 7A5

Telephone: Ms. Cheryl Spencer ~ 613-241-3663 ext 222

E-mail: cspencer@chpca.net Website: www.chac.ca