

## SATURDAY, SEPTEMBER 6, 2025 PROMENADE PÈRE-MARQUETTE, LACHINE

## **PARTNERSHIP OPPORTUNITIES**

	Water Bottle Partner	Lunch Partner	Breakfast Partner	Kid Zone Partner	Heat Partner	Volunteer T-Shirt Partner
	\$10,000	\$7,500	\$5,000	\$5,000	\$3,000	\$1,500
Benefits	Get your logo on the water bottle distributed to all paddlers and volunteers (500)	Sponsor the lunch provided to all paddlers and volunteers	Sponsor the breakfast provided to all paddlers and volunteers	Sponsor the Kid Zone, where children enjoy inflatables and other games	Sponsor one of the 3 race heats (6 races per heat)	Get your logo on all volunteer t-shirts (50)
Recognition sign at paddler welcome area	J	J	J	J	J	J
Recognition sign at stage area	J	J	J	J	J	J
Logo on partner thank-you boards	J	J	J	J	J	J
VIP Parking passes	3	2	2	2	1	1
Logo on every water bottle (500)	J					
Recognition sign in every team tent		J	J			
Recognition signs (4) in Kid Zone				J		
Name on the race schedule and announced by the race caller					J	
Logo on volunteer t-shirts (75)						J















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## **PARTNERSHIP · DONATIONS**

Benefitting the Cedars CanSupport program, which provides free psychological, practical, and humanitarian assistance, as well as support services, for cancer patients and their families at the MUHC.

PARTNERSHIP OPPORTUNITIES									
☐ Water Bottle Partner	\$10,000	☐ Kid Zone Partner	\$5,000						
☐ Lunch Partner	\$7,500	☐ Heat Partner	\$3,000						
☐ Breakfast Partner	\$5,000	☐ Volunteer T-Shirt Pa	rtner\$1,500						
Partners will have their logo displayed at the event and in associated printed and digital materials.  Note: A Business/Official Tax Receipt will be issued for your donation portion, in accordance with CRA Guidelines.									
	DONATIO	N ONLY							
I regret that I cannot attend th *A tax receipt will be issued for all dona	e event, but would like to ations of \$18 or more.	make a donation \$*							
PEF	RSONAL AND BILL	ING INFORMATION							
☐ Corporate donation ☐ Personal donation ☐ Invoice									
Name									
Company The tax receipt will be issued to the na	me or company specified								
Address	City	Province	Postal Code						
Email	Telephone								
*Cheque payable to Cedars Cancer Fo		Amount \$							
Cardholder name									
Card number Please note that tax receipt will be issued	ued in cardholder's name	Expiry date							
Please return your payment and address any inquiries to  Shoshana Nuez at shoshana.nuez@cedarscancer.ca  1310 Greene Avenue, Suite 520, Westmount, Quebec H3  T 514-656-6662 F 514-303									













Charity Registration Number 105202501-RR0001