

## **2025 CEDARS GOLF CLASSIC • PARTNERSHIP OPPORTUNITIES**

	Event Partner	Golf Cart Partner	Golf Ball OR Water Bottle Partner	Brunch & Cocktail Partner	Bar Partner	On-Course BBQ Partner	Driving Range OR Putting Green Partner	Foursome Blue Course	Foursome Red Course
	\$36,000	\$20,000	\$15,000	\$12,000	\$10,000	\$5,000	\$4,000	\$8,000	\$6,000
Benefits									
1 Foursome	Blue	Blue	Red	Red				Blue	Red
Recognition sign at starting hole tee box	<b>√</b>	J	<b>√</b>	<b>√</b>	J	<b>√</b>	<b>√</b>	J	<b>√</b>
Logo in recognition slideshow	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	J	<b>√</b>	J	<b>√</b>
Logo on thank-you board	J	J	<b>√</b>	<b>√</b>	J	<b>J</b>	<b>√</b>	J	<b>√</b>
Recognition sign at welcome	<b>√</b>	J	<b>√</b>	<b>√</b>	<b>√</b>	J	<b>√</b>		
Logo on website	J	J	<b>√</b>						
Logo on all event materials	J								
Recognition sign at every tee box (36)	<b>√</b>								
Corporate banner at welcome	<b>√</b>								
Speaking opportunity	<b>√</b>								
Recognition on every golf cart		<b>√</b>							
Exclusive recognition on golf balls or water bottles			<b>√</b>						
Recognition signs (4) in dining room				<b>√</b>					
Recognition signs (3) in dining room					<b>√</b>				
Recognition sign at BBQ						<b>√</b>			
Recognition sign at driving range or putting green							<b>√</b>		

Please contact Shoshana Nuez if you would like to become an event partner.

(514) 656-6662, ext. 228 shoshana.nuez@cedarscancer.ca



## A COLLABORATION BETWEEN





## **Partnership and Golfer Registration Form**

PARTNERSHIP OPPORTUNITIES									
☐ Golf Cart Pa☐ Golf Ball Par☐ Water Bottle☐ Brunch & Co☐ Bar Partner	rtner  Partner  Cktail Partner  ial Tax Receipt will be issued for your don	\$20,000	Driving Range Partner Putting Green Partner Foursome - Blue Cou Foursome - Red Cou	tner\$5,000 er\$4,000 er\$4,000 irse\$8,000 rse\$6,000					
INDIVIDUAL GOLFERS									
	lue Course\$	•	QTY	\$ \$					
DONATION ONLY									
_	not attend the event, but would like to be issued for all donations of \$18 or more.	make a donation	\$						
PERSONAL AND BILLING INFORMATION									
☐ Corporate donation ☐ Personal donation ☐ Please send an invoice  Name									
Company * The tax receipt will be issued to the name or company specified									
			Province	Postal code					
		-							
□ <b>V/SA</b> □									
VISA       □       □       □ Cheque*       □ Amount \$         *Cheque payable to Cedars Cancer Foundation re: Cedars Golf									
Cardholder name_									
Card number Expiry date									
Foursome Name									
	NAME		EMAIL	TELEPHONE					
Golfer #1									
Golfer #2									
Golfer #3									
Golfer #4									

Please return your payment or address any inquiries to Shoshana Nuez at **shoshana.nuez@cedarscancer.ca** 

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