

THE MAYOR'S EVENING FOR THE

CONTACT NAME & TITLE:

COMPANY OR NAME as it should appear in the Program Guide & Table Signs (for contributions of \$10,000+)

ADDRESS:

EMAIL:

PHONE:

Additional Contact Information for Guest List, Logos, Advertising, etc. CONTACT NAME & TITLE:

| EMAIL: | PHONE: | |
|---|--|---------------------------|
| Check your level of support: | | |
| SPONSORSHIP LEVEL AND TITLE | •• | |
| TABLE FOR TEN @ \$10,000 | QUANTITY: | |
| TICKET: DINNER @ \$1,000 PER PI | ERSON QUANTITY: | |
| DONATION | | |
| TOTAL AMOUNT: | | |
| PAYABLE: PAYMENT BY: | | |
| Cheque (made payable to Toronto Please issue an invoice to the atte | o Arts Foundation) ention of: | |
| Credit Card VISA N | lastercard | |
| Name on Card: | Signature: | |
| Card Number: | Exp: | Security Code |
| Please pick one: | | |
| Please issue a charitable tax re Please issue a business receipt | | naximum amount allowable. |
| SOCIAL MEDIA: We would love to shar social media handles below: | | ebook. Please add your |
| RETURN THIS FORM BY EMAIL TO <u>leslin</u> | e@torontoarts.org | |
| BY MAIL TO: Toronto Arts Foundation, | 200-26 Grand Trunk Crescent, To | ronto, ON, M5J 3A9 |
| For more information please contact L | .eslie: <u>leslie@torontoarts.org</u> 41 | 6.392.6802 x 214 |