

## ST. MARY'S MASTERS

Come for the game.  
Play for the cause.



## TOURNOI DES MAÎTRES DE ST. MARY

Venez pour le jeu.  
Jouez pour la cause.

*"Your participation directly supports St. Mary's Cancer Care Program... benefitting thousands of patients who receive treatment each year."*

Dr. Adrian Langleben, Chief of the Department of Oncology



ST. MARY'S MASTERS  
MONDAY, JUNE 10<sup>th</sup>, 2019

**FOURSOME REGISTRATION**

# EARLY BIRD PROMO



Registration & payments received by **April 15th** secures your free Tee Sponsorships!

## **LEGACY FOURSOME \$25,000**

- Loge experience for twelve (12) at a Montreal Canadiens hockey game during the 2019-20 regular season (random selection)
- Personalized Legacy plaque at a treatment station displayed in perpetuity in our out-patient Community Cancer Care Centre
- Company logo on registration poster
- Priority course placement
- Buffet brunch, cocktail & dinner

☐ **LEGACY FOURSOME** (Early Bird includes six (6) TEE SPONSORSHIPS)

## **PLATINUM FOURSOME \$10,000**

- Loge experience for four (4) at a Montreal Canadiens hockey game during the 2019-20 regular season (random selection)
- Company logo on registration poster
- Priority course placement
- Buffet brunch, cocktail & dinner

☐ **PLATINUM FOURSOME** (Early Bird includes four (4) TEE SPONSORSHIPS)

## **GOLD FOURSOME \$5,500**

- A round of golf for four (4) at a prestigious Montreal area golf course (random selection)
- Company logo on registration poster
- Priority course placement
- Buffet brunch, cocktail & dinner

☐ **GOLD FOURSOME** (Early Bird includes two (2) TEE SPONSORSHIPS)

## **MASTERS FOURSOME \$4,500**

- Company name on registration poster
- Buffet brunch, cocktail & dinner

☐ **MASTERS FOURSOME** (Early Bird includes two (2) TEE SPONSORSHIPS)

*Heartfelt thanks*  
**We look forward to teeing off with you Monday June 10th!**

ST. MARY'S MASTERS  
MONDAY, JUNE 10TH, 2019  
SPECIAL DONATIONS



ST. MARY'S  
MASTERS  
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DES MAÎTRES  
DE ST. MARY  
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# TOURNAMENT MASTER \$25,000

Event partner / Logo / Corporate name in program / Recognition on website  
Exclusive posters (6) with logo (corporate name) displayed throughout venue

☐ Please register me for this level of recognition

## CART MASTER \$5,000

- Logo/Corporate name in program
- Logo/Corporate name on all 120 carts

☐ Please register me for this level of recognition

## COCKTAIL MASTER \$5,000

- Logo/Corporate name in program
- Exclusive posters (2) with logo/corporate name in the cocktail area

☐ Please register me for this level of recognition

## BRUNCH MASTER \$5,000

- Logo/Corporate name in program
- Exclusive posters (2) with logo/corporate name in the brunch area

☐ Please register me for this level of recognition

## 19<sup>TH</sup> HOLE MASTER \$5,000

- Logo/Corporate name in program
- Exclusive posters (2) with logo/corporate name displayed at the 19<sup>th</sup> hole

☐ Please register me for this level of recognition

## RANGE & PUTTING GREEN MASTER \$5,000

- Logo/Corporate name in program
- Exclusive posters (2) with logo/corporate name at the driving range and putting green

☐ Please register me for this level of recognition

## REGISTRATION MASTER \$5,000

- Logo/Corporate name in program
- Exclusive posters (2) with logo/corporate name in the registration area

☐ Please register me for this level of recognition

## TEE MASTER \$500 PER TEE

- Logo/Corporate name displayed at designated tee box

☐ Please register me for \_\_\_\_\_ Tee Master(s)

## DONATION OPPORTUNITY

☐ In lieu of participating in the tournament, I would like to support the Hospital by making a donation of \$ \_\_\_\_\_.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

I would like to support St. Mary's Hospital Center by registering for the following foursome(s) and/or recognition:

Type & Level (\$): \_\_\_\_\_

Please list the name as you would like it to appear in all recognition: \_\_\_\_\_

Note: For publishing deadlines, we respectfully request an **EPS format of the company's logo before May 13, 2019**. E-mail: [nathan.clinansmith.comtl@ssss.gouv.qc.ca](mailto:nathan.clinansmith.comtl@ssss.gouv.qc.ca)

## METHOD OF PAYMENT

☐ Cheque (payable to St. Mary's Hospital Foundation)

☐ Visa ☐ MasterCard ☐ American Express

Card Number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Code CVV: \_\_\_\_\_

Signature: \_\_\_\_\_



FONDATION DE  
L'HÔPITAL  
ST. MARY

ST. MARY'S  
HOSPITAL  
FOUNDATION

Please return this form to St. Mary's Hospital Foundation  
3830 Lacombe, Suite 1510, Montreal, QC H3T 1M5  
Tel: 514.734.2694 • E-mail: [cynda.heward@ssss.gouv.qc.ca](mailto:cynda.heward@ssss.gouv.qc.ca)

Tax receipts will be issued where applicable in accordance with CRA Guidelines.