



## Hellenic Hope Center For Persons with Special Needs

3615 Danforth Avenue  
Toronto, Ontario M1N 2G1

Phone: 416-850-HOPE (4673)  
Fax: 416-699-9848  
www.hellenichope.com

Charitable Registration Number  
89501 4413 RR0001

### SPONSORSHIP FORM

SPONSORSHIP LEVELS	Check One
<b>PLATINUM SPONSOR</b> <span style="float: right;"><b>\$10,000</b></span> Colour Advertisement in Gala Book Acknowledgement at Gala and on Website 20 FREE tickets to Gala	<input type="checkbox"/>
<b>GOLD SPONSOR</b> <span style="float: right;"><b>\$5,000</b></span> Colour Advertisement in Gala Book Acknowledgement at Gala and on Website 10 FREE tickets to Gala	<input type="checkbox"/>
<b>SILVER SPONSOR</b> <span style="float: right;"><b>\$2,000</b></span> Colour Advertisement in Gala Book Acknowledgement at Gala and on Website 3 FREE tickets to Gala	<input type="checkbox"/>
<b>BRONZE SPONSOR</b> <span style="float: right;"><b>\$1,000</b></span> Colour Advertisement in Gala Book Acknowledgement at Gala and on Website 2 FREE tickets to Gala	<input type="checkbox"/>
<b>RED SPONSOR</b> <span style="float: right;"><b>\$650</b></span> Colour Advertisement in Gala Book Acknowledgement at Gala and on Website 1 FREE ticket to Gala	<input type="checkbox"/>
<b>GALA BOOK ADVERTISEMENT</b> <span style="float: right;"><b>\$350</b></span> FULL page B&W Business or Personal Advertisement	<input type="checkbox"/>
<b>GALA BOOK ADVERTISEMENT</b> <span style="float: right;"><b>\$200</b></span> HALF page B&W Business or Personal Advertisement	<input type="checkbox"/>

#### CONTACT INFORMATION — Business Sponsorship

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

#### CONTACT INFORMATION — Personal Sponsorship

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

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

Phone: \_\_\_\_\_

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

Message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use previous advertisement  Use new advertisement

#### Payment Information

Cash

Cheque (Payable to Hellenic Hope Center)

Enclosed  Via Mail

Online Via PayPal (www.hellenichope.com)

VISA  Mastercard

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

Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Phone Number: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Please send all new advertisements to  
gallain@hellenichope.com

*With your kind and generous sponsorship, we are able to continue to provide programs and services to persons with special needs and their families.*

*Your charitable support is tremendously appreciated.*