

# SCRABBLE® WITH THE STARS

Monday, April 25, 2016

The Arcadian Loft

Doors Open 6:00 p.m. / Event Starts 6:30 p.m.

[info@scrabblewiththestars.ca](mailto:info@scrabblewiththestars.ca) / [scrabblewiththestars.ca](http://scrabblewiththestars.ca)



in support of

Performing Arts Lodges, Toronto

#120 – 110 The Esplanade / Toronto, ON M5E 1X9

Tel: 647-692-7925 / Fax: 416-955-8868

Charity Reg. No. 119091361RR0001

**Please complete this form and return with payment by mail, fax, or e-mail (all cheques should be made out to PAL Toronto with your invoice no. indicated). You will receive an e-mail confirmation of payment within three days of receipt.**

## SPONSORSHIP LEVEL

<input type="checkbox"/> Presenting Sponsor (3 tables)	\$10,000	<input type="checkbox"/> Celebrity Sponsor (1 table)	\$ 2,700
<input type="checkbox"/> Host Sponsor (2 tables)	\$ 8,500	<input type="checkbox"/> Corporate Table Sponsor (1 table)	\$ 1,200
<input type="checkbox"/> Production Sponsor (2 tables)	\$ 6,000	<input type="checkbox"/> Single Ticket(s)	X <input type="checkbox"/> \$ 175

## PURCHASER INFO

Full Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

I am a returning sponsor  I am a new sponsor and I'm sending my logo by e-mail

## PLAYER INFO (you may invite up to THREE guests per table)

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

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

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

I would like PAL to seat guests at my table(s)

Visa  MasterCard  Cheque is enclosed Amount \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security No. \_\_\_\_\_

The card holder agrees to pay total amount charged to card issuer according to card holder agreement.

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

**For office use**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_