



markhamwesley.com

2023 Markham Carnival Sponsorship Commitment Form

Company Name: _____

Contact Person: First Name: _____ Last Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Description of products or services provided: _____

Carnival Sponsor Packages

Event Title (ET): \$10,000

Gold (G): \$3,000

Silver (Si): \$1,000

Bronze (B): \$300

Signature of applicant: _____ Date of Signing: _____

Payment Method

Visa / Mastercard

Cheque

Total: _____

Total: _____

Name of Cardholder: _____

Cheque Number: _____

Card Number: _____

Date Received: _____

Expiry Date: _____

** Please make cheque payable to "Markham Wesley Centre"*

Authorized Signature: _____

Charitable Registration No: 811500115RR0001

For Office Use Only

Client handled by: _____

Approved by: _____

Event Coordinator Signature: _____ Date: _____