



We have all, in some way, been touched by someone's breast cancer journey...

will you be playing for?

# **LEGACY FOURSOME \$30,000**

- Personalized Legacy plaque displayed in perpetuity in the St. Mary's Oncology department
- Loge experience for twelve (12) at a Montreal Canadiens hockey game during regular season (random selection)
- Priority course placement
- Feather flag with corporate representation
- Pin flag with corporate representation
- · Corporate representation in the program
- · Corporate representation on the St. Mary's Hospital Foundation website event page
- Buffet brunch, Cocktail & Dinner

Please register me for the	
LEGACY FOURSOME	

## PLATINUM FOURSOME \$10,000

- A round of golf for four (4) at a prestigeous Montreal area golf course (random selection)
- Feather flag with corporate representation
- · Priority course placement
- Corporate representation in the program
- Corporate representation on the St. Mary's Hospital Foundation website event page
- Buffet brunch, Cocktail & Dinner

lease register me for the	
LATINUM FOURSOME	

# **GOLD FOURSOME \$7,500**

- Pin flag with corporate representation
- Tee marker with corporate representation
- Corporate representation in the program
- · Corporate representation on the St. Mary's Hospital Foundation website event page
- Buffet brunch, Cocktail & Dinner

Please register me for the	
GOLD FOURSOME	

# MASTERS FOURSOME \$5,000

- Corporate representation on the St. Mary's Hospital Foundation website event page
- Buffet brunch, Cocktail & Dinner

Please register me for the	
MASTERS FOURSOME	

# EARLY BIRD RECOGNITION

**REGISTRATION & PAYMENTS** received by **April 21**<sup>st</sup> secures your free Tee Marker sponsorship!

# TOURNAMENT MASTER \$50,000

Exclusive title sponsor of the event, which includes:

Two (2) foursomes

Priority course placement

**Bunker stamp** 

Feather flag

Pin flag

Tee Marker

**Buffet brunch, Cocktail & Dinner** 



With corporate representation on ALL, including:

Program

Podium

Posters

Website Social media

Please register me for this level of recognition

#### **REGISTRATION MASTER \$6,000**

- Corporate representation in the registration area
- Corporate representation in the program
- Corporate representation on St. Mary's Masters event page

Please register me for this level of recognition

## CART MASTER \$6,000

- Corporate representation on golf carts
- Corporate representation in the program
- Corporate representation on St. Mary's Masters event page

Please register me for this level of recognition

## **BRUNCH MASTER \$6,000**

- · Corporate representation displayed during brunch
- · Corporate representation in the program
- Corporate representation on St. Mary's Masters event page

Please register me for this level of recognition

## **MINGLE MASTER \$6,000**

- Corporate representation displayed during cocktail/dinner
- Corporate representation in the program
- Corporate representation on St. Mary's Masters event page

Please register me for this level of recognition

## **RANGE & PUTTING MASTER \$6,000**

- Exclusive Corporate representation at driving range & putting green
- Corporate representation in the program
- Corporate representation on St. Mary's Masters event page

Please register me for this level of recognition

## CULINARY MASTER \$3,000 each (3 spots available)

- Exclusive corporate representation at a **food station** on the course
- · Corporate representation in the program
- Corporate representation on St. Mary's Masters event page

Please register me for Culinary Master station(s).

TEE MARKER \$500				
	Corporate representation displayed on one (1) tee marker			
	Please register me for tee marker(s)			

DONATION OPPORTUNITY	1
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In lieu of participating in the tournament, I would like to support St. Mary		
by making a donation of \$		

Note: For publishing deadlines, we respectfully request your corporate logo before April 21st, 2023. E-mail Kristine Hebert at kris.hebert.comtl@ssss.gouv.qc.ca / Visit our website for online registration at www.stmaryshospitalfoundation.ca/masters

Name		Company
Address		Telephone
City Postal Code		Email
Please list the name as you would like it to appear in all recogni	ition	
METHOD OF PAYMENT	Card Number	
Cheque (payable to St. Mary's Hospital Foundation)	Expiry Date	CVC/CVV
Visa MasterCard American Express	Signature	

