



# Shine Bright

## A 60th Anniversary Celebration

### PREMIERE PARTNERSHIP PLAN

Name of the partner or company name

Contact name

Address

City

Postal code

Phone #

Email

Signature

Corporate Social Media Handles (if applicable)

I want to join in the success of The Kidney Foundation's: Shine Bright, A 60th Anniversary Celebration by becoming a partner\*:

- ☐ Bronze ..... \$260
- ☐ Silver ..... \$600
- ☐ Gold ..... \$1,600
- ☐ Platinum ..... \$2,600
- ☐ Diamond Title Sponsor ..... \$6,000
- ☐ Photobooth Sponsor ..... \$1,600
- ☐ Entertainment Sponsor ..... \$2,600

I would like to make a donation \$

☐ Payment

Date of payment

☐ Cheque payable to The Kidney Foundation of Canada

☐ Credit card:



Card number

Expiry date

CVS

Card holder

Signature

\*according to the 2023 partnership plan