



To Whom It May Concern,

Hearth Place Cancer Support Centre is holding its Ninth Annual

Ride for Hearth Place
Motorcycle Ride Poker Run

This event will be held on Sunday, June 25th, 2017.

We would like to offer you the exciting opportunity to partner with us for this event. *The Ride for Hearth Place* is an excellent opportunity to showcase your business and reach a large cross section of Durham region in a very cost effective manner. Details on available sponsorship levels can be found on the next page. There will be over 100 riders and participants in attendance, these are local motorcycle riders that are passionate about raising the awareness of Hearth Place and its programs.

We encourage you to support Hearth Place – by attending our ride and/or being one of our ride stops – and at the same time partnering with us to show your support for our programs. **Please visit our website to purchase your tickets and learn more about the day at www.hearthplace.org/ride .**

Why Hearth Place? As a drop in centre, in the comfort of a home like atmosphere, Hearth Place Cancer Support Centre is committed to providing community support for patients and their families living with cancer through peer support, information, a resource centre, wellness programs and an ongoing lecture and discussion series. Hearth Place is for those both young and old, they can come and share their experiences, find resources and discover new ways to care for themselves and each other. Hearth Place is the only cancer support centre in the Durham Region and the only one between Toronto and Kingston.

Hearth Place receives no government funding and relies on private, in memoriam donations and community and corporate support of our fundraising events to sustain our operations. All of the money raised will go to work the next day to support families living in and around Durham Region.

If you have any questions or require further information about sponsorship or other aspects of *The Ride For Hearth Place*, please do not hesitate to contact us. Thank you for your support. We look forward to working with you.

Sincerely,

Irena Kropman
Event Coordinator

HEARTH PLACE CANCER SUPPORT CENTRE
86 COLBORNE STREET WEST, OSHAWA ON L1G 1L7 WWW.HEARTHPLACE.ORG
TEL: (905) 579-4833, FAX: (905) 579-1204 OR E-MAIL: IRENA@HEARTHPLACE.ORG
FEDERAL CHARITABLE NO. 89280 8478 RR0001



RIDE FOR HEARTH PLACE

SPONSORSHIP LEVELS & ACKNOWLEDGEMENT

	Royal Flush	Four of a Kind	Full House	Straight	Three of a Kind	In-Kind
	\$5,000	\$2,000	\$1,000	\$500	\$100	In-Kind
Company Wide Exposure						
Acknowledgement in all media and press releases	✓					
Sponsorship recognition in Hearth Place newsletter (reaches approximately 4,000 households)	logo	logo	name	name	name	
Profiled on social media	logo	logo	logo	name	name	name
Ride for Hearth Place Exposure						
Logo on event poster	✓					
Opportunity to address the audience during BBQ	✓					
Event emails: Reach of 100+ subscribers*	✓					
Opportunity to display signage at event	Banner at start and finish***	Stand up vertical banner***	Stand up vertical banner***			
Complimentary ride tickets	5 [†]	2 [†]	1 [†]			
Special mention during BBQ	✓	✓	✓	✓		
Ad in program	Full page	½ page	¼ page	logo	name	
Hearth Place website: Ride for HP page*	logo (linked)	logo (linked)	name (linked)	name (linked)	name (linked)	
Promotional swag in goodie bag	✓	✓	✓	✓	✓	
Use of Ride Promotion on your site*	✓	✓	✓	✓	✓	✓

* Please submit both a vector format file of your logo and a high-resolution .jpeg of your logo to irena@hearthplace.org.

*** Must provide own banner.

† Additional tickets may be purchased.



SPONSORSHIP & DONATION FORM (please print clearly)

Contact Name: _____
FIRST LAST

Company Name: _____

Address: _____
STREET ADDRESS APT/UNIT #
_____ CITY PROVINCE POSTAL CODE

Phone #: _____ **Email:** _____

Level

Sponsorship Level: _____ **Amount:** _____

Gift In-Kind

I would like to donate the following item(s) to the raffle/door prizes:

Item Description: _____ **Value:** _____

Item Description: _____ **Value:** _____

Please deliver donated items to the address below.

Payment

- Cash* Cheque* *Cheque or cash can be mailed or dropped off at the address below.
 Visa MasterCard American Express

Name as it appears on card: _____

Card number: _____ **Expiry date:** _____

Signature: _____

**PLEASE FORWARD COMPLETED FORM BY E-MAIL, FAX OR MAIL TO:
ATTN: IRENA KROPAN**

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