

## Sponsorship Agreement

Brain Tumour Foundation of Canada Volunteer Name:		
Company /Organization Name:		
Contact Name:		
Address:		
City:	Province:	Postal Code:
Telephone:		Fax:
E-mail:		
Other:		
Date Contacted:		
Sponsor Recognition:		
Sponsored Amount:\$		
In-kind Item Value: \$		
Description: ( In-kind Item)		
Display Space required: : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Received Logo: <input type="checkbox"/> Yes <input type="checkbox"/> No Electronic Versions only please! .jpeg, .tiff, .pdf,		

Please make cheques payable and forward to: Brain Tumour Foundation of Canada  
620 Colborne St., Suite 301  
London, ON N6B 3R9

### Event Sponsor Agreement

Company: \_\_\_\_\_

Agrees to sponsor (city name)\_\_\_\_\_ Spring Sprint 2010

This agreement becomes a binding document upon payment in full and signature of both Sponsor and Brain Tumour Foundation of Canada volunteer representative. This agreement guarantees fulfillment of the items listed above. The sponsor will provide items, such as electronic logo and/or web site link information to optimize exposure benefits.

\_\_\_\_\_  
Sponsor Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Brain Tumour Foundation of Canada Volunteer

\_\_\_\_\_  
Date