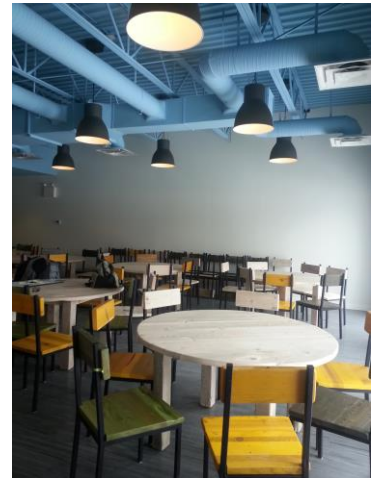




Chair and Table Sponsorship Form

A lasting gift in support of the good food work of NorWest Co-op Community Food Centre



Sponsor Information (please print)

Name _____

Address _____

City, Province, Postal Code _____

Phone _____

Email _____

Type of Sponsorship

I (we) wish to sponsor _____ dining room chair(s) at \$ 200 each.

I (we) wish to sponsor _____ dining room table(s) at \$ 1,000 each.

TOTAL SPONSORSHIP AMOUNT: \$ _____



Payment Information

I (we) plan to make this contribution with: cash cheque Visa Mastercard

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

3 digit security number _____

Acknowledgement Information

Please use the following name(s) and message on the table/chair plaque: _____

For example: "In honour of [name/title]", "Donated by [business name]" or "In loving memory of [name]"



**Thank you for supporting
the NorWest Co-op
Community Food Centre!**



Please note: a representative will contact you to verify your sponsorship.

Signature(s)

Date

Please make cheques or other gifts payable to:

NorWest Co-op Community Health

785 Keewatin, Winnipeg, MB, R2X 3B9
Fund designation: Community Food Centre
Charitable Registration Number: 107787087 RR0001