



## Di“vine” Pleasures

### CORPORATE SPONSORSHIP PROGRAM

#### PREMIUM VINTAGE (\$5,000)

- Corporate signature as a *Premium Vintage Sponsor* on the evening's menu, as well as the thank you poster to sponsors;
- Ten (10) courtesy tickets to attend the event;
- Acknowledgement in the Missing Children's Network 2010 Annual Activities Report;
- Recognition on our website as “Bearer of Hope” of the Missing Children's Network.

#### INTERNATIONAL SERIES (\$2,500)

- Corporate signature as an *International Series Sponsor* on the evening's menu, as well as the thank you poster to sponsors;
- Five (5) courtesy tickets to attend the event;
- Acknowledgement in the Missing Children's Network 2010 Annual Activities Report;
- Recognition on our website as a “Friend” of the Missing Children's Network.

#### VINTNER'S RESERVE (\$1,000)

- Recognition as a sponsor of one of the three tables featuring prestigious wines as well as on the thank you poster to sponsors;
- Two (2) courtesy tickets to attend the event;
- Acknowledgement in the Missing Children's Network 2010 Annual Activities Report;
- Recognition on our website as a “Friend” of the Missing Children's Network.

#### SPECIALTY WINES (\$500)

- Acknowledgement in the Missing Children's Network 2010 Annual Activities Report.

## SPONSORSHIP CONFIRMATION

We wish to become a corporate sponsor of the Missing Children's Network's **Di"vine" Pleasures**.

Thursday, March 25, 2010  
 6 p.m. to 9 p.m.  
 Écomusée du fier monde (2050 Amherst Street)

### PLEASE CHECK APPLICABLE SPONSORSHIP LEVEL

- PREMIUM VINTAGE \$5,000
- INTERNATIONAL SERIES \$2,500
- VINTNER'S RESERVE \$1,000
- SPECIALTY WINES \$500
- WE WISH TO BUY \_\_\_\_\_ TICKETS AT A COST OF \$150 PER ADULT
- WE WISH TO MAKE A TAX-DEDUCTIBLE DONATION IN THE AMOUNT OF \$ \_\_\_\_\_

Please complete and send along with your payment no later than February 28, 2010.

### METHOD OF PAYMENT (Please print legibly)

- CHEQUE:** Please make your cheque payable to the **Missing Children's Network**
  - CREDIT CARD NO:** \_\_\_\_\_ **Exp.:** \_\_\_\_\_ / \_\_\_\_\_
- Cardholder's Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Name of Company: \_\_\_\_\_
- Contact person: \_\_\_\_\_ Title: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_
- Email: \_\_\_\_\_



The Missing Children's Network  
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