

# 13th Annual Caring Society Gala

**Celebrating 24 Years of Standing with First Nations  
Children & Families**

**Date:** October 25, 2023

**Time:** 5:30 p.m.

**Location:** North Centennial & Embassy Room, Victoria Inn & Convention  
Centre, 1800 Wellington Avenue, Winnipeg MB



## **SPONSORSHIP OPPORTUNITIES**

### **Title Dinner Sponsor—\$7,500**

Most prominent positioning on promotional materials including:

- Prime seating with personal thank you gift
- Company name on our website as Title Sponsor for the dinner
- 1/2 page ad, logo and named recognition in commemorative program
- Acknowledgement during Dinner proceedings
- Table signage
- Reserved 2 tables of 10 in prime location

### **Corporate Dinner Sponsor—\$5,000**

Positioning on promotional materials including:

- Company name on our website as a Corporate Sponsor for the dinner
- 1/4 page ad, logo and named recognition in commemorative program
- Acknowledgement during Dinner proceedings
- Table signage
- Reserved table for 10

### **Table Purchase—\$2,000**

(10 individual tickets)

- Reserved table for 10

### **Individual Ticket Purchase—\$200**

- Seating for one

## **ADVERTISING OPPORTUNITIES**

Ads for the souvenir program can be purchased at the following rates:

**Full page \$1500 (6" X 9")**

**Half page \$650 (5.375" X 4.125")**

**Quarter page \$350 (2.625" X 4.125")**

***Note: If you purchase a sponsorship, advertising and seating is included at all levels.***



For questions or more information,  
call Geoff at (204) 784-8220 or email [gcarriere@minisowin.org](mailto:gcarriere@minisowin.org)

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Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please issue the charitable tax receipt to:  Me (individual)  My company/organization

If the charitable tax receipt is to be mailed to an address different than the one provided above, please specify:

### ***PURCHASE OF SPONSORSHIP***

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**Donation** in the amount of \$ \_\_\_\_\_

### ***PAYMENT BY:***

**Total** \$ \_\_\_\_\_

Cheque (payable to First Nations Child & Family Caring Society of Canada)

Invoice

Visa/Mastercard \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiry \_\_\_\_\_/\_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_



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