

VENDOR BOOTH REQUEST FORM

In support of Cardiac Care at Trillium Health Partners



Company Name: _____

Contact: _____

Address: _____

City: _____ Prov: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

Products to be displayed at booth: _____

Products to be sold at booth: _____

PAYMENT OPTIONS:

Enclosed is my \$200 cheque payable to Trillium Health Partners Foundation

Please charge \$200 to my: Visa MasterCard Amex

I will be donating _____% of proceeds

Amount: _____

Card number: _____ Exp. date ____/____

Name on card: _____

Please send this completed form to Kathleen Cymek, Senior Development Officer, Philanthropy, Trillium Health Partners Foundation

Email: kathleen.cymek@thp.ca

Mail: Trillium Health Partners Foundation
800-89 Queensway West
Mississauga, Ontario L5B 2V2

For more information, contact Ashley Scott, Heather McConnell or Stephanie Davies at CardiacCareAffair@thp.ca

Privacy note: Trillium Health Partners Foundation respects your privacy and protects your personal information. We do not rent, sell or trade our mailing lists. The information you provide will be used to keep you informed of the Foundation's activities. If you would like to be removed from our contact list please call us at (905) 848-7575 or send an email to FoundationPrivacyOfficer@thp.ca and we will gladly accommodate your request.

Charitable Business Number **11924 5678 RR0001**