

Please send completed form to Heather McMartin at hmcmartin@canadianstage.com

Company Name

Recognition Name (for program listings)

Mailing Address

Main Contact Name

Main Contact Title

Street Address

Suite/Apt #

City

Province

Postal Code

Main Contact Email Address

Main Contact Phone Number

Secondary Contact Name

Secondary Contact Title

Secondary Contact Email Address

Secondary Contact Phone Number

Membership Level (Please check one)

☐ Principal - \$10,000 ☐ Partner - \$5,000 ☐ -----

Please send invoice to:

Name

Title

Email Address

Upon payment, please issue a:

- ☐ Business Receipt for the full amount
☐ Charitable Tax Receipt for the maximum amount allowable (benefit value deducted)

Signed

Date