

ROOM SPONSOR

Date _____

NEW RENEWAL

(Please print)

Company Name: _____

Contact Name: _____

Address of business _____
Street, Box No. RR# Apt. # (Civic address if mailing address is different)

City

Province

Postal Code

Telephone: _____ - _____ - _____

Email _____

Fax: _____ - _____ - _____

Website: www. _____

SPONSORSHIP COST (PER YEAR)

Molly Brant	\$500
Iroquois	\$500
Champlain	\$600
Simcoe	\$600
La Salle	\$600
Sir John A	\$600
Sir John B	\$600
Sir John A & B	\$1000
Frontenac	\$1000
Gymnasium	\$1200
Lifestyle Corner	\$1200
Rendezvous Café	\$1200
Hatter's Cove	\$1200

Room: _____

Prices are based on a 3 year contract. You can pay:

One-time payment or Yearly

By (please choose one)

- Invoice
- Cheque enclosed payable to
Seniors Association Kingston Region
- Credit Card (MasterCard/Visa)

Card Number _____

_____/_____
Expiry Date C V V

Signature _____

SENIORS
ASSOCIATION

KINGSTON REGION

Visit The Seniors Centre
Monday to Friday
8:30am to 4:30pm

One of our volunteer greeters will
be happy to give you a tour.

THE SENIORS CENTRE

56 Francis St
Kingston ON, K7M 1L8

Tel: 613.548.7810
Fax: 613.531.1862

www.seniorskingston.ca
info@seniorskingston.ca