Recovery Day Ottawa Valley Sponsorship Registration Form



SPONSORSHIP

\$100.00 – this provides a table and two chairs, Service profile in our Services Passport

CONTACT INFORMAT	ΓΙΟΝ					
Organization Name:					_	
Organization Website	e:					
Mission Statement: _						
Organization Contact	Information:					
First Name:				Last Name:		
Email:				Phone #:		
BILLING INFORMATION	ON					
Name:						
Address:						
Credit Card:	VISA	MC	Check	(mail with registration)		
Credit Card #:						
MM/YY			CVC _			
Card Holder Name: _						
Please provide your	agency logo (I	oy Septeml	per 9, 2024	.)		
Email completed reg	istration form	and paym	ent inform	nation to:		
Liana Sullivan – <u>liana</u>	.sullivan@ma	ckaymanoı	<u>:ca</u>			
Or mail to:						
Liana Sullivan c/o Ma	acKay Manor -	_				
196 Argyle St S., Ren						