



The Honourable **BOB RAE**  
P.C., O.C., O.Ont., Q.C., M.P.

# Partners for Peace

2010 Tribute Dinner

Sunday, November 7<sup>th</sup>, 2010  
The Fairmont Royal York, Toronto



Contact: Hetty Shapiro, Executive Director  
1921-400 Walmer Rd., Toronto, ON M5P 2X7  
Toronto 416.972.9400 Montreal 514.735.8500  
Fax 416.515.8486 hshapiro@haifa-univ.ca  
online donations: www.haifa-univ.ca

Charitable Registration No. 1068 46538 RR0001

## PARTICIPATION LEVELS

To participate in **The Bob Rae MBA Scholarships for Jewish and Arab Students** kindly check below and send this form to the address above.

- Platinum Partner** **\$50,000**  
*includes 10 tickets, premier seating, table signage, 10 invitations to VIP reception, full page colour ad in Tribute Book, logo recognition on video screens at the Dinner, and scholarship naming at the University of Haifa*
- Gold Partner** **\$25,000**  
*includes 10 tickets, priority seating, table signage, 10 invitations to VIP reception, full page black & white ad or half page colour ad in Tribute Book, and logo recognition on video screens at the Dinner*
- Silver Partner** **\$10,000**  
*includes 10 tickets, table signage, 10 invitations to VIP reception, ½ page black & white ad in Tribute Book, and logo recognition on video screens at the Dinner*
- Bronze Partner** (includes 10 tickets) **\$5,000**
- Partner** (1 ticket) **\$500**
- I cannot attend the dinner but wish to participate in *The Bob Rae MBA Scholarships for Jewish and Arab Students* at the level indicated above.
- I would like to make a donation of \$ . . . . .

## TRIBUTE BOOK ADVERTISING

- Full Page Colour** (8.5" w x 11" h) **\$3,000**
- Full Page B & W** **\$1,500**
- ½ Page Colour** (7.5" w x 5" h) **\$1,500**
- ½ Page B & W** **\$750**
- ¼ Page Colour** (3.5" w x 5" h) **\$750**
- ¼ Page B & W** **\$375**

**Deadline for receipt of listings/artwork: October 15, 2010**

Advertisers wishing to attend the Dinner may purchase tickets under one of the Participation Levels listed

## DINNER TICKETS

Please reserve . . . . tickets

A tax receipt will be issued for the maximum allowable.  
Tickets will be mailed 2 weeks prior to the Dinner for all paid reservations.

- My/our guests are:**  **Please seat me/us with:**
- .....
- .....
- .....

## TRIBUTE BOOK LISTING (please complete)

**All contributions will be recognized in the Tribute Book. Please indicate how you would like your name(s) listed.**

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## MEAL PREFERENCE (please check)

- Fish** Quantity . . . .
- Kosher Fish** Quantity . . . .
- Vegetarian** Quantity . . . .

## PAYMENT INFORMATION

Tax receipt to be made out to:  Mr.  Mrs.  Ms.  Dr.  Prof.

Name .....

Address .....

Email ..... Bus. Phone ..... Home Phone .....

Cheque enclosed (payable to Canadian Friends of Haifa University)  VISA  MasterCard  AmEx

Card # ..... Expiry ..... Cardholder .....

Amount \$ ..... Authorized Signature ..... Date .....