



# PARTNERSHIP FORM



**Dainere's Rainbow**  
BRAIN TUMOUR RESEARCH FUND

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Sydney Children's Hospitals Foundation



Please return the completed form:

via **EMAIL** [daineresrainbow@gmail.com](mailto:daineresrainbow@gmail.com)

via **POST** Dainere's Rainbow, PO Box 325, Mitchell ACT 2911

COMPANY NAME:

CONTACT NAME:

POSTAL ADDRESS:

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Please select your chosen partnership package:

- |                                                                            |                                                                                                      |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="radio"/> <b>Platinum Partner</b> - Financial Donation \$7,000 | <input type="radio"/> <b>Bronze Partner</b> - Financial Donation \$2,000                             |
| <input type="radio"/> <b>Gold Partner</b> - Financial Donation \$5,000     | <input type="radio"/> <b>Copper Partner</b> - Financial Donation \$1,000                             |
| <input type="radio"/> <b>Silver Partner</b> - Financial Donation \$3,000   | <input type="radio"/> <b>Community Partner</b> - Goods, services, vouchers, small cash contributions |

PLEASE SPECIFY DONATION DETAILS/VALUE (IF APPLICABLE):

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