



**SPONSORSHIP PACKAGE**  
**SATURDAY, JUNE 21, 2025**



WINDSOR  
REGIONAL  
HOSPITAL  
FOUNDATION

[wrh.on.ca/sailintosummer](http://wrh.on.ca/sailintosummer)





**Sail Into Summer 6** event is to raise much needed funds to support the purchase of a new Hemo Cardiovascular Information System (CVIS) for Windsor Regional Hospital's renovated Cardiac Catheterization Lab.

This new state-of-the-art monitoring and recording system seamlessly integrates various diagnostic tests such as MRIs, Echocardiograms and CT Scans - information that ensures the patient receives the most appropriate treatment possible. It allows for monitoring of vital signs and other body conditions such as Temperatures, Blood Pressure, Heart Rate and Blood Oxygenation during procedures and transfers the data into the patient's electronic medical records. This is an essential piece of equipment that will allow Windsor Regional Hospital to provide the highest quality of care in the community.

**Tickets are \$150 per person**

Includes Dinner with Wine, Entertainment and Silent Auction  
Donations from those who cannot attend are gratefully appreciated.

For tickets visit [wrh.on.ca/sailintosummer](http://wrh.on.ca/sailintosummer) or contact the Windsor Regional Hospital Foundation by email at [gisele.seguin@wrh.on.ca](mailto:gisele.seguin@wrh.on.ca) or by phone **519-987-3160**.

**SATURDAY, JUNE 21, 2025**  
**Cocktails: 6:00 pm / Dinner: 7:00 pm**

*Carol Parent*

**Chairperson, Sail Into Summer 6**  
Hospital Retiree, Volunteer and Donor



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## SAIL INTO SUMMER MENU

### SALAD

Roasted Beet, Goat Cheese and Arugula Salad

Fresh Arugula Salad with Roasted Beet topped with Goat Cheese drizzled with White Balsamic Vinaigrette

### ENTRÉE CHOICE

Stuffed Chicken Breast

Boneless Chicken Breast stuffed with Prosciutto, Fontina Cheese kissed with a Roasted Red Pepper Coulis with Dauphinoise Potato and Fresh Seasonal Vegetables

Stuffed Salmon Fillet


Salmon Fillet stuffed with Shrimp and Crab Meat topped with a White Wine Cream Sauce with Dauphinoise Potato and Fresh Seasonal Vegetables

Stuffed Portobello Mushroom

Portobello Mushroom marinated in Balsamic Vinegar, Garlic and Basil then roasted and stuffed with Ratatouille served with Quinoa and Tomato Basil Sauce

### DESSERT

Chocolate Mousse Tower



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## SPONSORSHIP LEVELS

### BIG SPLASH - \$5,000

- Includes 4 tickets to Sail Into Summer 2025
- Recognition / logo on all materials related to Sail Into Summer 2025 including website
  - Opportunity to speak at the event
- A follow-up story on social media and the Windsor Regional Hospital Foundation website regarding their support for the event and the Hemo Cardiovascular Information Monitoring System .

### A SHORE THING - \$2,500

- Includes 2 tickets to Sail Into Summer 2025
- Recognition / logo on all materials related to Sail Into Summer 2025 including website

### FRIENDS OF SAIL INTO SUMMER - \$500 & UP

Recognition / logo on the program distributed at Sail Into Summer 2025 and on the Windsor Regional Hospital Foundation website

### Windsor Regional Hospital Foundation

1995 Lens Avenue, Windsor, ON, N8W 1L9  
519-987-3160



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## CONTACT INFORMATION

Business/Organization/Individual: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## SPONSORSHIP LEVELS

Sponsorship levels include benefits listed in this package. Check off level of sponsorship in the appropriate box:

- ☐ BIG SPLASH SPONSOR (\$5,000)
- ☐ A SHORE THING (\$2,500)
- ☐ FRIENDS OF SAIL INTO SUMMER (\$500 & UP)

## TERMS & CONDITIONS

Sponsorship payments can be made payable by Visa, Mastercard, American Express or by cheque to the Windsor Regional Hospital Foundation.

Payment Type: ☐ Cheque ☐ Visa ☐ Mastercard ☐ American Express

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

As a representative of the organization or company, I hereby authorize this sponsorship agreement:

\_\_\_\_\_  
Business/Organization/Individual: *(please print)*

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Contact Name: *(please print)*

\_\_\_\_\_  
Contact Signature:

**Windsor Regional Hospital Foundation**

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