



## 2015 Close to Our Hearts Gala Ticket Order Form

Name of Person Purchasing Tickets: \_\_\_\_\_

*Partial charitable tax receipt will be issued to purchaser in Spring 2015. Tax Receipts will be issued for a % of the ticket price, less the calculated Event Advantage. Charitable Status Number: 86312 1125 RR0001*

Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Ticket Retrieval**

- Please **mail my tickets** to the address listed above
- I prefer to **pick-up my tickets** from the hospice

**Guest names and dietary restrictions** (e.g. vegetarian, food allergies:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**Ticket Purchase:**

- Single Tickets \_\_\_\_ x \$225 each
- Table of 8: \$1,800
- Corporate Table of 8: \$2,200

TOTAL: \$ _____
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**Payment:**

- Enclosed is my cheque made payable to **Carpenter Hospice**
- Please invoice me at the company and address listed above
- Charge my credit card:



Please submit forms for processing:

**Carpenter Hospice**  
2250 Parkway Drive  
Burlington, ON L7P 1T1

Name on Card \_\_\_\_\_

Card No.

Expiry Date

Signature \_\_\_\_\_

Phone: 905-631-9994 ext. 18

Fax: 905-631-6823

E-mail: [development@thecarpenterhospice.com](mailto:development@thecarpenterhospice.com)