

Name on Card

Card No.

Expiry Date

2016 Close to Our Hearts Gala Ticket Order Form

Partial charitable tax receipt will be issued to purchaser in Spring 2016. Tax Receipts will be issued for a % of the ticket price, less the calculated Event Advantage. Charitable Status Number: 86312 1125 RR0001		
Company:		
Phone:	Email:	
Ticket Retrieval: ☐ Please mail my ticket	to the address listed above □ I prefer to pick-up my tickets from the ho	spice
Guest Names and Dieta	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: \$_	
Payment: □ Enclosed is my cheque made □ Please invoice me at the com	ayable to Carpenter Hospice any and address listed above	TS G

Show Ball in support of Carpenter Hospice

Please submit completed forms for processing to: Carpenter Hospice c/o: Angela Marlatt 2250 Parkway Drive, Burlington, ON L7P 1T1 Phone: 905-631-9994 ext. 118

E-mail: development@thecarpenterhospice.com