



2019 Close to Our Hearts Gala Ticket Order Form

Name of Person Purchasing Tickets: _____ Date: _____

Partial charitable tax receipt will be issued to purchaser in spring 2019. 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: _____

Phone: _____ Email: _____

Ticket Retrieval:

- Please **mail my tickets** to the address listed above I prefer to **pick up my tickets** from the hospice
An email will be sent to you once available

Guest Names and Dietary Restrictions: (e.g. vegetarian, food allergies):

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

Ticket Purchase:

- Single Tickets ___ x \$250 each Table of 8: \$2,000 Corporate Table of 8: \$2,750

TOTAL: \$ _____

Payment:

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



Name on Card _____

Card No.

Expiry Date

Signature _____

Please submit completed forms for processing to:
Carpenter Hospice c/o: **Deirdra Wadden**
2250 Parkway Drive, Burlington, ON L7P 1T1
Phone: 905-631-9994 ext. 114
E-mail: donations@thecarpenterhospice.com