



Ticket Order Form

Company Name: _____

Contact Person: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

PLEASE SEND ME:

_____ Individual Tickets @ \$350 each

(A tax receipt for a portion of each ticket will be issued to the payee.)

_____ Table(s) of 8 @ \$2800 each

_____ I am unable to attend but would like to make a charitable donation

I am enclosing payment in the amount of \$_____.

(If paying by cheque, please make cheque payable to **St. Michael's Extended Care Centre Society**)

If paying by credit card, please indicate type: VISA Mastercard

Card Number: _____

Expiry Date: _____

Name of Cardholder: _____

Please notify us of any dietary restrictions

Please mail or fax to:

Daria Luciw
St. Michael's Health Group
7404-139 Avenue
Edmonton, AB T5C 3H7

Phone: 780-472-4791
Fax: 780-472-4779
Email: dluciw@smhg.ca

