



St. Michael's
HEALTH GROUP

*Because
We Care...*
SENIORS FUNDRAISING BRUNCH

Ticket Order Form
Sunday, February 24, 2019
10:30 am – 1:00 pm
Edmonton Convention Centre Hall D

Name: _____

Company (if applicable) _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

WE WOULD LIKE TO ATTEND! PLEASE SEND ME:

_____ Individual Tickets @ \$75 each _____ Children Under 12 @ \$35 each

_____ Table(s) of 8 @ \$600 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:

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

Phone: 780-472-4507
Fax: 780-472-4779
Email: rnelson@smhg.ca