



# STEVENSON MEMORIAL HOSPITAL FOUNDATION TAX RECEIPT LOG

## 2019 FIRE & ICE GALA

**MAIN Ticket Purchasers Name:** \_\_\_\_\_

**Date of Tickets Purchased:** \_\_\_\_\_ **Number of Tickets Purchased:** \_\_\_\_\_

Please have each person fill in the information below for each ticket you purchased on their behalf. They **must sign the form** in order for a tax receipt to be issued in their name.

Any questions or concerns please contact Beth Evans (705) 435-6281 x2350 or email [bevans@smhosp.on.ca](mailto:bevans@smhosp.on.ca)

<b>Ticket #1</b>			
Name to be issued on Tax Receipt:			
Street Address:			
City:	Province:	Postal Code:	Telephone:
Email:		Number of Tickets Purchased on your behalf:	
<hr/>			
<b>Signature:</b>		Date:	

<b>Ticket #2</b>			
Name to be issued on Tax Receipt:			
Street Address:			
City:	Province:	Postal Code:	Telephone:
Email:		Number of Tickets Purchased on your behalf:	
<hr/>			
<b>Signature:</b>		Date:	

<b>Ticket #3</b>			
Name to be issued on Tax Receipt:			
Street Address:			
City:	Province:	Postal Code:	Telephone:
Email:		Number of Tickets Purchased on your behalf:	
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<b>Signature:</b>		Date:	

<b>Ticket #4</b>			
Name to be issued on Tax Receipt:			
Street Address:			
City:	Province:	Postal Code:	Telephone:
Email:	Number of Tickets Purchased on your behalf:		
<b>Signature:</b>			
			Date:

<b>Ticket #5</b>			
Name to be issued on Tax Receipt:			
Street Address:			
City:	Province:	Postal Code:	Telephone:
Email:	Number of Tickets Purchased on your behalf:		
<b>Signature:</b>			
			Date:

<b>Ticket #6</b>			
Name to be issued on Tax Receipt:			
Street Address:			
City:	Province:	Postal Code:	Telephone:
Email:	Number of Tickets Purchased on your behalf:		
<b>Signature:</b>			
			Date:

<b>Ticket #7</b>			
Name to be issued on Tax Receipt:			
Street Address:			
City:	Province:	Postal Code:	Telephone:
Email:	Number of Tickets Purchased on your behalf:		
<b>Signature:</b>			
			Date:

<b>Ticket #8</b>			
Name to be issued on Tax Receipt:			
Street Address:			
City:	Province:	Postal Code:	Telephone:
Email:	Number of Tickets Purchased on your behalf:		
<hr/>			
<b>Signature:</b>			Date:

<b>Ticket #9</b>			
Name to be issued on Tax Receipt:			
Street Address:			
City:	Province:	Postal Code:	Telephone:
Email:	Number of Tickets Purchased on your behalf:		
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<b>Signature:</b>			Date:

<b>Ticket #10</b>			
Name to be issued on Tax Receipt:			
Street Address:			
City:	Province:	Postal Code:	Telephone:
Email:	Number of Tickets Purchased on your behalf:		
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<b>Signature:</b>			Date:

**ADDITIONAL INFORMATION:**

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