



2019 Gala Ticket Purchase Form

Please complete this form and return to Beth Evans 705-435-6281 ext. 2350 at the Foundation Office or email to bevans@smhosp.on.ca by January 31, 2019 (Early Bird Ticket Sale).

Yes! I want to order tickets for the Fire & Ice Gala! I would like to order ____ tickets at \$195 (early bird price).

Yes! I would like to make a donation of \$_____ to the Gala. (\$500+ will be recognized by name at the event)

Name: _____

Telephone: _____

Email: _____

Address: _____

Please indicate here if there is a specific group you wish to be seated with _____

Payment Information:

Credit Card: _____ Expiry: _____ CVV: _____

Name on Card: _____ Signature: _____

Cheque (made out to *Stevenson Memorial Hospital Foundation*): attached

Tickets will only be held with payment.

Guest List

NOTE: If you are purchasing tickets on behalf of a guest, and you will be reimbursed for the tickets at a later date **we do require a signature** of the purchasing guest and their address, in order to mail out a tax receipt.

Guest Name	Signature	Dietary	Guest Name	Signature	Dietary
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		