

Sponsorship & Ticket Confirmation

9th Annual Black & White Gala

- ☐ Yes, I would like to sponsor the Black & White Gala.
- | | |
|---|--|
| ___ Gift of Humanity (\$10,000 +) | ___ Gift of Compassion (\$1,000 - \$2,499) |
| ___ Gift of Healing (\$5,000 - \$9,999) | ___ Gift of Caring (\$500 - \$999) |
| ___ Gift of Hope (\$2,500 - \$4,999) | ___ Gift of Comfort (\$100 - \$499) |

Sponsorship Amount \$ _____

- ☐ Yes, I would like to purchase _____ ticket(s) @ \$175 each.

Total Ticket Amount \$ _____

Cheque Total (Sponsorship + Ticket(s)) \$ _____

SPONSORSHIP INFORMATION (required by September 30, 2014)

For *corporate* sponsorships, please email your company logo to foundation@pemregghos.org.
 For *personal* sponsorships, please list how your name(s) should appear in the event programme.
Please note: For Gifts of Humanity, Gifts of Healing and Gifts of Hope, please include a personal message.

PAYMENT INFORMATION:

<input type="checkbox"/> Cash <input type="checkbox"/> Cheque (enclosed) <input type="checkbox"/> Credit Card	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
Card No.:	Expiry Date:
Cardholder Name:	Signature:

PLEASE SEND RECEIPT TO:

Name:		
Company/Business Name:		
Address		
City:	Province:	Postal Code:
Phone:	Fax:	Email:

TICKET INFORMATION (Please list the names of *each* individual you are purchasing tickets for):

Ticket Holder Name	Ticket # (office use only)	Ticket Holder Name	Ticket # (office use only)

SEATING & DIETARY:

Please list any seating preferences:

Please list name(s) of any individual(s) with dietary requests (i.e., vegetarian/food allergies):