



11th Annual Black & White Gala

Sponsorship & Ticket Confirmation

Yes, I would like to SPONSOR the Black & White Gala

- | | |
|--|---|
| <input type="checkbox"/> Gift of Humanity (\$10,000 +) | <input type="checkbox"/> Gift of Compassion (\$1,000 - \$2,499) |
| <input type="checkbox"/> Gift of Healing (\$5,000 - \$9,999) | <input type="checkbox"/> Gift of Caring (\$500 - \$999) |
| <input type="checkbox"/> Gift of Hope (\$2,500 - \$4,999) | <input type="checkbox"/> Gift of Comfort (\$100 - \$499) |

Sponsorship Amount \$ _____

Total Ticket Amount \$ _____

Yes, I would like to purchase _____ TICKET(S) @ \$175 each

GRAND TOTAL (Sponsorship + Ticket(s)) \$ _____

SPONSORSHIP INFORMATION (required by October 02, 2016)

For *Corporate* Sponsorships, please email your company logo to foundation@pemreghos.org
 For *Personal* Sponsorships, please list how your name(s) should appear in the event programme
NOTE: For Gifts of Humanity, Gifts of Healing, and Gifts of Hope, please include a personal message

PAYMENT INFORMATION:

Cash Cheque Credit Card Debit Credit Card Type: Visa MasterCard American Express

Card #: _____ Expiry Date: _____

Name on Card: _____ 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 Full Name (Please Print)	Title (Mr. Ms. Dr. etc.)	Dietary Requests (ie: vegetarian, allergies)	Ticket #	✓
			(Office Use Only)	

SEATING (please list any seating preferences)
