



AN EVENING TO FEED THE SOUL GALA TICKET ORDER FORM

I would like to purchase _____ tickets at \$125 per ticket.
Cash/Cheque amount enclosed \$ _____
Please make cheques payable to The Angel Foundation for Learning

I would like to purchase _____ table(s) of ten tickets at \$1200 per table.
Cash/Cheque amount enclosed \$ _____
Please make cheques payable to The Angel Foundation for Learning

An email with itinerary and table seating will be sent prior to GALA.

Guest #1 Full Name _____
 Home Address _____
 City _____ Province _____ Postal Code _____
 Phone Number _____ Business Number _____
 Email _____
 Would you like a tax receipt? Yes No
 I would like all tax receipts to be made in the name of Guest #1
 I would like one tax receipts to be made in the name of Guest #1 and the other tax receipts made in the names of the other guests attending below.

All fields must be completed to receive a tax receipt.
 Guest #2 Full Name _____
 Home Address _____
 City _____ Province _____ Postal Code _____
 Email _____

All fields must be completed to receive a tax receipt.
 Guest #3 Full Name _____
 Home Address _____
 City _____ Province _____ Postal Code _____
 Email _____

Send completed forms with payment to Jennifer Tocci,
 The Angel Foundation for Learning, 80 Sheppard Avenue East, Toronto, ON M2N 6E8

All fields must be completed to receive a tax receipt.

Guest #4 Full Name _____
Home Address _____
City _____ Province _____ Postal Code _____
Email _____

All fields must be completed to receive a tax receipt.

Guest #5 Full Name _____
Home Address _____
City _____ Province _____ Postal Code _____
Email _____

All fields must be completed to receive a tax receipt.

Guest #6 Full Name _____
Home Address _____
City _____ Province _____ Postal Code _____
Email _____

All fields must be completed to receive a tax receipt.

Guest #7 Full Name _____
Home Address _____
City _____ Province _____ Postal Code _____
Email _____

All fields must be completed to receive a tax receipt.

Guest #8 Full Name _____
Home Address _____
City _____ Province _____ Postal Code _____
Email _____

All fields must be completed to receive a tax receipt.

Guest #9 Full Name _____
Home Address _____
City _____ Province _____ Postal Code _____
Email _____

All fields must be completed to receive a tax receipt.

Guest #10 Full Name _____
Home Address _____
City _____ Province _____ Postal Code _____
Email _____