

## **PURCHASE FORM**

## Payment Information (Required for receipting)

A charitable tax receipt will be issued after the event for a portion of ticket costs.

ORGANIZATION:	
• NAME:	
ADDRESS:	
• CITY:	PC:
• PHONE #:	EXT:
• E-MAIL:	
Single Ticket: Table of 8: Please list Dietary Restrictions: (\$275.00) (\$2200.00)	
GUEST NAMES:	
1	5
2	6
3	7
4	8
PAYMENT METHOD: Visa MC AMEX Cheque	
Card Number:	
Expiry: Name on Card:	

To pay over phone, please call Jackie or Madi at: 705-722-5995

**CHEQUES CAN BE MAILED TO:** 

Hospice Simcoe - 336 Penetaguishene Road Barrie, ON L4M 7C2