

TICKET ORDER FORM



Name _____

Address _____

City _____ Province _____ Postal Code _____

E-mail _____ Tel _____

Sponsor Family _____

I would like to order:

_____ **Tickets @ \$175.00 each**
(a tax receipt will be issued for a portion of the ticket price)

_____ **Tables (10 tickets per table) @ \$1,750.00 each**
(a tax receipt will be issued for a portion of the ticket price)

I am unable to attend but please accept my donation in the amount of \$ _____
(a tax receipt will be issued for donations in excess of \$20)

METHOD OF PAYMENT

Cheque: (For sponsorships, tickets or donations)

Please make cheques payable to Autism Beyond 21 Centre and send along with this completed form to 9 Roybridge Gate Woodbridge, Ontario L4H 4E6

Credit Card: (For sponsorships, tickets or donations) VISA MC AMEX

_____ MM/YY _____ CVV _____

Interac e-Transfer: (For sponsorships, tickets or donations)

Email: info@autismbeyond21.com

Signature _____ Date _____



For additional information, please contact:
Gala Line 416-645-1027
gala@autismbeyond21.com

Charitable Number
RR0001768999955



Event Sponsor