



Turning Point Recovery Society
11th Annual Making Recovery a Reality Gala
May 3, 2018 – Four Seasons Vancouver

Office Use Only

Tickets: _____
Donation: _____
Deposit # _____
Sales Rec't# _____

TICKET ORDER FORM
(Not Valid after February 15, 2018)

CONTACT INFORMATION

Contact Name: _____ Company: _____

Address: _____
Street City Postal Code

Phone: _____
Home Business Cell

Email: _____ Fax: _____

MAIL TICKETS TO:

As per above: _____ OR: Contact Name: _____

Address: _____

TICKET ORDERS (EARLY BIRD)

I would like to purchase _____ table(s) at \$2500.00 per 10 tickets = \$ _____

I would like to purchase _____ ticket (s) at \$250.00 per ticket = \$ _____

If possible, I would like to sit with or near my friends: _____

FOOD ALLERGIES/PREFERENCES: Guest's Name (s): _____

Allergies/Preference: _____

DONATION *A charitable tax receipt will be issued for the full amount of all donations.*

I am not able to attend the Gala, please accept my donation in the amount of: \$ _____

I am attending the Gala and wish to make a donation at this time in the amount of: \$ _____

PAYMENT

Tickets: \$ _____ **Donations: \$** _____ **Total: \$** _____

VISA MASTERCARD CHEQUE (*payable to Turning Point Recovery Society*) CASH

Credit Card Number: _____ Expiry: _____

Cardholder Name: _____

*For information about or to donate to our silent/ live auction, contact us at 604.303.6844

PLEASE RETURN YOUR ORDER FORM BY EMAIL admin@turningpointrecovery.com

OR BY FAX 604.279.7134 OR BY SURFACE MAIL TO:

Turning Point Recovery Society, Suite 260 – 7000 Minoru Blvd. ♦ Richmond, BC ♦ V6X 1E3

Tel: 604-279-7195