



Milton District Hospital Foundation Gift of Health Gala

**MDHF OFFICE
USE ONLY**

PAYMENT: _____

TICKET PURCHASE FORM

Saturday, May 5, 2018
Burlington Convention Centre
1120 Burloak Drive, Burlington, ON
Black Tie/Formal

Cocktails 5:30pm, Dinner 7:00pm
Grenville Pinto Live Performance 10:00pm
Live Music
Live & Silent Auctions

NAME (OR COMPANY NAME): _____

ADDRESS: _____

CONTACT NAME: _____ PHONE: () _____ FAX: () _____

EMAIL ADDRESS: _____

TICKETS:

Individual Tickets _____ x \$275 Per Person Total \$ _____

GUEST NAMES:

DIETARY RESTRICTIONS (IF APPLICABLE):

PAYMENT: CHEQUE: (PAYABLE TO MDH FOUNDATION) VISA: M/C: AMEX:

CARD HOLDER NAME (PLEASE PRINT): _____

CARD #: _____ EXPIRY: ___ / ___ CARD SECURITY #: _____

SIGNATURE: _____

The 3 digit number on the back of your card. For AMEX 4 digits on the front of your card.

EMAIL, MAIL OR FAX (WITH PAYMENT INFORMATION INCLUDED OR ATTACHED) TO:

Milton District Hospital Foundation
Gift of Health Gala
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