



**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 \$1250 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 \_\_\_\_\_