

2019 CAP Gala Registration Form

Business Name: _____
 Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Email: _____

SPONSORSHIP & ADVERTISING

- | | |
|---|---|
| <input type="checkbox"/> Presenting Sponsor - \$15,000 (VIP table of 10) | <input type="checkbox"/> Dinner Sponsor - \$7,500 (table of 10) |
| <input type="checkbox"/> Community Champion Sponsor - \$3,000 (4 tickets) | <input type="checkbox"/> Community Ambassador Sponsor - \$1,500 (2 tickets) |
| <input type="checkbox"/> Friend Sponsor - \$500 | <input type="checkbox"/> Full Page Program Ad - \$250 |
| <input type="checkbox"/> Half Page Program Ad - \$125 | <input type="checkbox"/> Quarter Page Program Ad - \$75 |

GALA TICKETS

Individual Tickets - _____ @ \$125 each*

Table of 10 - _____ @ \$1,250 each*

*Tax receipts of \$50 will be issued for each ticket purchased when full name and address have been provided

Names of Guests:

First and Last Name:	Dietary Restrictions:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

I would like to purchase _____ **GOLDEN TICKETS** @ \$100 each (100 available, winner chooses from live auction items)

I would like to donate a **GIFT-IN-KIND ITEM**: _____ Value: \$_____

Can't attend? Please consider a one-time **DONATION**: \$_____ Please issue a tax receipt for full amount

PAYMENT

Total payment of \$_____ by: Cash Cheque (payable to Cancer Assistance Program) VISA Mastercard

Name on Card: _____ Card Number: _____

Expiry Date: _____ / _____ CSV Number: _____ Signature: _____

To pay by phone, please contact Ashlee at 905-383-9797 x107 or send form via email to aleggett@cancerassist.ca or via mail to Cancer Assistance Program, 555 Concession Street, Hamilton, ON L8V 1A8