TurningPoint
MAKING RECOVERY A REALITY

Turning Point Recovery Society
10th Annual Making Recovery a Reality Gala
April 27, 2017 – Four Seasons Vancouver
791 W. Georgia St. - 5:30 pm Reception / 7:00 pm Dinner

Office Use Only
Tickets
Donations
Deposit #: _____
Sales Rcpt #:_____

CONTACT INFORMATION

First and Last Name: _____ Company: _____

Address: _____
Street City Postal Code

Phone: _____
Home Business Cell

Email: _____ Fax: _____

TICKET ORDERS

☐ I would like to purchase _____ ticket (s) at $250.00 per ticket = $ _____ Sales Receipt? ☐

☐ Mail tickets to contact above or ☐ Mail tickets to: _____

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

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

Credit Card Number: _____ Expiry: _____

Cardholder Name: _____

For information about sponsorship opportunities or to donate to our silent/live auction please contact us at 604.303.6844

TO RETURN ORDER FORM BY EMAIL, PLEASE SAVE A COPY OF THE FORM AND SEND AS AN ATTACHMENT TO:
admin@turningpointrecovery.com
TO RETURN ORDER FORM BY MAIL OR FAX TO, SEND TO:
Turning Point Recovery Society • Suite 260 - 7000 Minoru Blvd. • Richmond, BC • V6Y 3Z5
Tel: 604.279.7195 Fax: 604.279.7134

Federal Charity Tax #10820 0544 RR0001

Date: _____