



**Turning Point Recovery Society**  
**10<sup>th</sup> 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](mailto: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