



Ticket Order Form

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____

PLEASE SEND ME:

_____ Individual Tickets @ \$325 each

(A tax receipt for \$200 per ticket will be issued to the payee.)

_____ Table(s) of 8 @ \$2600 each

I am enclosing payment in the amount of \$_____.

(If paying by cheque, please make cheque payable to **St. Michael's Extended Care Centre Society**)

If paying by credit card, please indicate type: VISA Mastercard

Card Number: _____

Expiry Date: _____

Name of Cardholder: _____

Please notify us of any dietary restrictions

Please mail or fax to:

Christine Teterenko
St. Michael's Health Group
7404-139 Avenue
Edmonton, AB T5C 3H7

Phone: 472-4776
Fax: 472-4779



St. Michael's
HEALTH GROUP

(780) 473-5621
Long Term Care Centre
Millennium Pavilion Seniors Lodge
Vegreville Manor
Grove Manor (Spruce Grove)
www.smhg.ca