



Parkland Institute
Gala Fundraiser Dinner Ticket Form
 6 pm, February 17, 2016 U of A Faculty Club

Paid by:

Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone(H) _____ (W) _____ Fax _____

Number of Tickets: _____ X \$125 = \$ _____ # Tickets Donated Back: _____

Table size: 6, 8 or 10 seats. **Table Name:** _____

_____ Free seating (available for those who have not purchased in a group.)

Total: \$ _____ Paid by: Cheque (payable to University of Alberta) _____

Visa _____ Master Card _____ # _____ / _____ Expiry _____

Signature _____

Charitable tax receipts will be issued for **portion** of the ticket. Tickets donated back will be receipted for **\$125** each. The charitable receipt will be **sent** to the person/organization **that paid** for the tickets unless the following is checked and signed:

I have been paid for the ticket. Please send the charitable receipt to the ticket holder(s) below as indicated.

Signed: _____

Ticket For (If the same as above, fill in only the new information):

Name _____ E-mail _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone(H) _____ (W) _____ Fax _____

Vegetarian Meal _____ Send Charitable Receipt: _____

Other dietary requirement _____

Attach additional names and contact information if required.
RSVP by February 12 for dietary needs

Send this form to PARKLAND INSTITUTE
 Edmonton Office: 1-12 Humanities Ctr, UofA, T6G 2E5
 Phone: (780) 492-8558 Fax:(780) 492-8738
 email: parkland@ualberta.ca website:www.parklandinstitute.ca

This is a fundraising event. Don't forget your chequebook.

Parkland Institute Gala Fundraiser Dinner Ticket Form

Note: If your guests are paying you directly, the UofA needs each person's address who is at your table in order to get a tax receipt for them.

The University will not give a receipt to anyone who is not paying the full amount of the table.

Please give us the name of your table when you are filling out ticket forms. If you are not part of a table, Parkland will assign your seating.

Ticket For:

Name _____ E-mail _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone(H) _____ (W) _____ Fax _____

Vegetarian Meal ___ Send Charitable Receipt: _____

Other dietary requirement _____

Ticket For:

Name _____ E-mail _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone(H) _____ (W) _____ Fax _____

Vegetarian Meal ___ Send Charitable Receipt: _____

Other dietary requirement _____

Ticket For:

Name _____ E-mail _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone(H) _____ (W) _____ Fax _____

Vegetarian Meal ___ Send Charitable Receipt: _____

Other dietary requirement _____

**THIS FORM MUST BE SUBMITTED BY FEBRUARY 12th OR WE MAY NOT
BE ABLE TO ACCOMMODATE DIETARY NEEDS AND SEATING
ARRANGEMENTS.**

Send this form to PARKLAND INSTITUTE
Edmonton Office: 1-12 Humanities Ctr, UofA, T6G 2E5
Phone: (780) 492-8558 Fax:(780) 492-8738
email: parkland@ualberta.ca website:www.parklandinstitute.ca

This is a fundraising event. Don't forget your chequebook.