

Parkland Institute's
11th Annual Gala Dinner & Silent Auction
February 16, 2017 | 6 - 9 pm | Faculty Club, University of Alberta
Ticket Request Form

Ticket Purchaser

Name: _____

Address: _____
Number & Street Unit #

City/Town Province Postal Code

Phone: _____ Email: _____

- I am attending and would prefer: I am purchasing tickets for others, and will not be attending the gala myself.
- Prime Rib Chicken Vegetarian

Special dietary needs: _____

Tickets & Seating

Tickets are \$125, and a charitable tax receipt will be issued for a portion of the ticket price. Tickets donated back to Parkland Institute will be issued a tax receipt for the full amount. Please fill in any additional guest information on the next page and return to Parkland Institute by **February 10** to ensure we can meet any dietary requirements.


I'd like to reserve:

- Table of 6 Table of 8 Table of 10 Individual seating

Table name: _____

Number of tickets: _____ x \$125 = \$ _____ Number of tickets donated back: _____

Payment Information

- I'd like to use my credit card: **VISA** 

Credit Card Number: _____ Expiry Date: _____ / _____
Month Year

Signature: _____

- Please find a cheque enclosed (make payable to **University of Alberta**).

Charitable tax receipts will be sent to the person/organization that purchased the tickets, unless the following is filled out:

- I have been paid for the tickets purchased. Please send individual charitable tax receipts to the ticket holder(s) indicated on the next page.

Signature: _____

Return by mail to:

Parkland Institute
1-12 Humanities Centre, University of Alberta
Edmonton, AB T6G 2E5

Return by fax to: 780-492-8738

Scan and return by email to: parkland@ualberta.ca

If you have questions, please call **780-492-8558**.

Additional Guest Information

If you are purchasing multiple tickets, please provide the names and dietary preferences for additional guests (if no preference is indicated, prime rib will be served). Address information is only required if guests have paid for their ticket and require an individual tax receipt.

Table name: _____

Guest Name: _____

Prime Rib Chicken Vegetarian

Special dietary needs: _____

Please send individual charitable receipt to:

Number & Street _____ Unit # _____

City/Town _____ Province _____ Postal Code _____

Phone: _____

Email: _____

Add my email to receive Parkland Institute updates if I'm not already subscribed.

Guest Name: _____

Prime Rib Chicken Vegetarian

Special dietary needs: _____

Please send individual charitable receipt to:

Number & Street _____ Unit # _____

City/Town _____ Province _____ Postal Code _____

Phone: _____

Email: _____

Add my email to receive Parkland Institute updates if I'm not already subscribed.

Guest Name: _____

Prime Rib Chicken Vegetarian

Special dietary needs: _____

Please send individual charitable receipt to:

Number & Street _____ Unit # _____

City/Town _____ Province _____ Postal Code _____

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Prime Rib Chicken Vegetarian

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Prime Rib Chicken Vegetarian

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Prime Rib Chicken Vegetarian

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