Office Use:

No. of Ticket

## **GALA TICKET ORDER FORM**

|                     |                         |                           |                   | Ticket No                      |                  |    |
|---------------------|-------------------------|---------------------------|-------------------|--------------------------------|------------------|----|
| Date:               |                         | _                         |                   | Receipt No.                    |                  | _  |
| Name:               |                         | Company:                  | (If applicabl     | e)                             |                  | _  |
| Address:            | Street                  |                           |                   |                                |                  |    |
|                     | (W)                     |                           |                   |                                |                  | _  |
| Number of Tickets   | Ordered:                | Payment Amo<br>(Price per | ount:<br>ticket i | \$<br>s \$100 or \$900 fo      | or a table of 1  | 0) |
| Payment Method:     | Invoice                 |                           |                   |                                |                  |    |
|                     | Cash                    | Cheque<br>(Make chec      |                   | Money Coney order payable to F | Order   RCD)     |    |
|                     | Visa □                  | Master Card               |                   | Debit Care                     | d 🗆              |    |
|                     | Card #                  |                           |                   |                                |                  | _  |
|                     | Card Holder Name        |                           |                   |                                |                  |    |
|                     | Expiry Date             |                           |                   |                                |                  | _  |
|                     | Card Holder Signature   |                           |                   |                                |                  |    |
|                     | Authorization # (office | e use)                    |                   |                                |                  | _  |
| Ticket Delivery:    | Pick-up □               | Mail 🛚                    |                   | Reserved                       | at Door E        | J  |
| Tax Receipt Reque   | ested: Yes              | No 🔲 (\$30 Tax            | Receipt v         | vill be issued for each t      | icket purchased) |    |
| Please return the T | icket Order Form to E   | Ella Huang at th          | ne RCI            | O:                             |                  |    |

By Mail: RCD, 100-5671 No. 3 Road, Richmond, BC V6X 2C7

Or fax to: 604-232-2415

Or email to: ella@rcdrichmond.org