

希望之光暖萬家籌款晚宴  
Gift of Hope Fundraising Dinner 2008

Saturday, September 20 – 7:00 p.m.  
The Westin Bayshore, Vancouver  
1601 Bayshore Drive (at Stanley Park)

DINNER TICKET ORDER FORM

Date: \_\_\_\_\_

Name: Mr. Mrs./Ms. \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

I would like to purchase \_\_\_\_\_ dinner ticket(s) at \$175.00 each in support of the purchase of bronchoscopy equipment and an Aperio ScanScope XT System for the Providence Heart + Lung Institute at St. Paul's Hospital.

Total Amount: \_\_\_\_\_

I understand that I will receive a taxable receipt at \$100.00 per each ticket.

Delivery of ticket(s):  please mail  will pick up on the event day

I am enclosing a  CHEQUE  MONEY ORDER (made payable to St. Paul's Hospital Foundation)

\* If you do not want your taxable receipt to be issued to the name on the cheque, please inform us in writing or by email.

Or please charge  VISA  MASTERCARD  AMEX

CARD HOLDER NAME: \_\_\_\_\_

CARD NO. \_\_\_\_\_

EXPIRY \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**We will acknowledge your payment by email or fax with an assigned ticket no(s).**

Thank you for your support!

**For St. Paul's Hospital Foundation Use Only:** Referred By: \_\_\_\_\_

Ticket(s) No. Assigned: \_\_\_\_\_ Date: \_\_\_\_\_