



20th Gala Anniversary Celebration

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SPONSORSHIP*

- \$5 000
- \$10 000
- \$15 000
- \$25 000

DONOR

- \$5 000
- \$10 000
- \$15 000
- \$25 000
- Other Donation Amount: \$ _____

TICKETS PURCHASE

To attend the Gala to be held on Thursday, March 22, 2018, at the Hyatt Regency Montreal.

Number of tickets ____ x \$350 = \$ _____

One table (10 tickets) for \$3 500 = \$ _____

Please note that a tax receipt will be issued for the difference between the per person fair market cost to attend and the ticket price. No physical ticket will be issued as we are using a guest list system.

METHOD OF PAYMENT

- Cheque (*please make your cheque payable to Muscular Dystrophy Canada*)
- Visa MasterCard Amex

Cardholder's Name: _____ Signature: _____ Card #: _____

Exp.: _____

AUTHORIZATION

Contact name: _____ Company name: _____ Date: _____

Address: _____

City: _____ Prov.: _____ Postal code: _____

Telephone: _____ Email address: _____

Contact Kevin Harrison

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