



an evening in support of the Saskatoon Cancer Centre
 Friday, November 14, 2008

TICKET REQUEST FORM

Name (for receipt purposes) _____
 Company Name (optional) _____
 Address _____
 City, Province _____
 Postal Code _____
 Email Address * _____

Tickets Required			
Single Tickets @ \$100 each	_____	@ \$100 =	_____
Tables of Eight @ \$800 each	_____	@ \$800 =	_____
TOTAL		\$	_____
Receipt Required **	Yes	No	_____
Credit Card Number	_____	_____	_____
Exp. Date	_____ / _____		_____

* If you would like to receive Choc'laCure's email newsletter, please check here.
 We will never share, sell, or rent individual personal information with anyone
 without your advance permission or unless ordered by a court of law.

** NOTE: Receipt can only be issued to individual or company paying for the ticket.

Make cheques payable to:

Choc'laCure

Receipts will be issued after the event by the Saskatchewan Cancer Agency for a
 portion of the ticket.

Fax form to (306)249-0151 or call (306)249-1222.

Sorry, but we are unable to take online payment at this time.

For Office Use:

Entered _____ Table Number Assigned _____