



## Return completed form to:

events@citizenadvocacy.org 312 Parkdale Ave, Ottawa, ON K1Y 4X5 613-761-9525 (fax)

## 2017TicketOrderForm

Dr. M. Miss Mlle. Mme. Mr. Mrs. Ms. (select one) Other:	
Contact Name:	
Agency or Company:	
Mailing Address:	
City: Prov:	
Telephone: ( Fa	ax: (
Email:	Twitter: @
	Quantity Price Total
☐ I am purchasing tickets for Evening in The Maritimes	X \$175
☐ I am purchasing one or more corporate tables for 10 peo	ople x \$1900
Sponsor 10 members of the disability community who m otherwise not be able to attend (a tax receipt will be proved)	•
Sponsor an individual of the disability community who may otherwise not be able to attend (a tax receipt will be proved)	
Payment Information	TOTAL:
_	ed (payable to Citizen Advocacy Ottawa)
☐ VISA ☐ Master Card	☐ American Express
	Expiry Date: /
Name on card:	Signature:
Receipt Information	
Please issue a (choose one):	
☐ General receipt for the purchase price	
☐ Charitable Income Tax Receipt for the donation portion of the purchase price (only available for general admission tickets)	
How did you hear about Evening in The Maritimes?	
☐ Postcard ☐ Email ☐ Ottawa ☐ Social Citizen ☐ Medi	
Other:	