

St. Mary's Hospital Center Community Cancer Care Centre - 28th Annual Harvestfest Dinner

Buffet Anna Maria - 351 Bellechasse East, Montreal - Friday, October 21st, 2011 – 6:00 pm

DONOR INFORMATION

First Name: _____ Last Name: _____

Company Name (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Receipt to: _____

Receipt address (if different from above): _____

City: _____ Province: _____ Postal Code: _____

SUPPORT THE HARVESTFEST

I would like to support Harvestfest with the purchase of _____ table(s) at \$650.00 each.

I would like to support Harvestfest with the purchase of _____ ticket(s) at \$65.00 each.

I would like to support Harvestfest by donating a prize, basket or gift certificate to the Silent Auction/Raffle.

A limited number of tickets are available, please make your purchase prior to Monday, September 19th, 2011.

MAKE A DONATION

I would like to make a donation of \$_____. A tax receipt will be issued as applicable.

METHOD OF PAYMENT

Cheque – please make cheque payable to: *Harvestfest - St. Mary's Hospital Foundation*

Cash

MasterCard

Visa

American Express

Cardholder's Full Name: _____

Credit Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____
(mm/yy)

Signature: _____

To make a donation directly online go to: www.stmarysfoundation.ca

For more information about Harvestfest please contact

Diana D'Angelo at 514.345.3511 ext. 5541 or Michael Gliserman at 514.345.3511, ext. 3793.



FONDATION DE
L'HÔPITAL
ST. MARY

ST. MARY'S
HOSPITAL
FOUNDATION

Charitable organization #11918 9108 RR0001.

3830, avenue Lacombe, bureau 1510, Montréal (Québec) H3T 1M5
t. 514.734.2694 f. 514.734.2655 fondation.stmary@ssss.gouv.qc.ca
www.fondationstmary.ca | www.stmarysfoundation.ca