

# Community Options 2nd Annual Auction Fundraiser

## Ticket Purchase Form

Ticket Holder Name	Phone	Email Address	
_____	_____	_____	
Address	City	Province	PC
_____	_____	_____	_____

*Do you have any dietary restrictions?*

\_\_\_\_\_

# of Tickets-  
Round tables of 10

\$ \_\_\_\_\_

Tickets are \$60.00 per person

Includes plated dinner and  
complimentary drink

**TICKETS ARE NON-REFUNDABLE**

*I will be using the following method of payment :*

CASH



CHEQUE



**PLEASE FAX COMPLETED FORM TO 780-454-6166**



**Community Options-A Society for Children and Families**

#200, 15824-131 Avenue

Edmonton, AB T5V 1J4

780-455-1818

[www.communityoptions.ab.ca](http://www.communityoptions.ab.ca)

Contact: Noreen

**THANK YOU FOR YOUR SUPPORT!**

**FOR OFFICE USE ONLY:**

Ticket and Bid Number: \_\_\_\_\_

Table Number: \_\_\_\_\_