THE ST. ANDREW'S
SOCIETY OF WINNIPEG

149th Annual Dinner
Friday, November 29, 2019
Hotel Fort Garry

INDIVIDUAL TICKET ORDER FORM

Individual Tickets:
Society Members: $150
Non-members: $160

All individual tickets receive a CRA receipt for $40 per ticket. Guest contact information must be provided for each ticket to receive the receipt**.**

Main contact for ticket(s): _____

Street Address: _____

City: _____ Province: _____

Email: _____ Pref. Telephone: _____

Member Tickets: _____@$150 each = $_____
#Non-member Tickets_____@$160 each = $_____

See attached page for CRA Receipt information if more than one ticket purchased.

Please forward this information and **cheques** made payable to
The St. Andrew's Society of Winnipeg
PO Box 595. Winnipeg, MB R3C 2J3

INTERAC: email payments to standrewssocietywpg@gmail.com

For more information: Pam Simmons, Secretary T: 204-230-6002 or E: standrewssocietywpg@gmail.com

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INDIVIDUAL TICKET PURCHASER INFORMATION FOR CRA RECEIPTS

Please forward the $40 charitable receipt to:

Guest - # Tickets:_____
Name on receipt:_____

Street Address: _____ City_____

Postal Code_____ Province: _____

Email: _____ Pref. Telephone: _____

Guest - # Tickets:_____

Name on receipt:_____

Street Address: _____ City_____

Postal Code_____ Province: _____

Email: _____ Pref. Telephone: _____

Guest - # Tickets:_____
Name on receipt:_____

Street Address: _____ City_____

Postal Code_____ Province: _____

Email: _____ Pref. Telephone: _____

Guest - # Tickets:_____
Name on receipt:_____

Street Address: _____ City_____

Postal Code_____ Province: _____

Email: _____ Pref. Telephone: _____

Guest - # Tickets:_____
Name on receipt:_____

Street Address: _____ City_____

Postal Code_____ Province: _____

Email: _____ Pref. Telephone: _____

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Guest - # Tickets:_____

Name on receipt:_____
Street Address: _____ City_____

Postal Code_____ Province: _____

Email: _____ Pref. Telephone: _____

Guest - # Tickets:_____

Name on receipt:_____

Street Address: _____ City_____

Postal Code_____ Province: _____

Email: _____ Pref. Telephone: _____

Guest - # Tickets:_____

Name on receipt:_____

Street Address: _____ City_____

Postal Code_____ Province: _____

Email: _____ Pref. Telephone: _____

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