

EDMONTON'S FOOD BANK

Magical Christmas Music



- ☐ **Wish to be recognized as a:**
- ☐ Gold Sponsor (\$10,000) – 8 Tickets
 - ☐ Frankincense Sponsor (\$5,000) – 8 Tickets
 - ☐ Myrrh Sponsor (\$2,500) – 4 Tickets
 - ☐ Friend (\$1,000) – 2 Tickets

- ☐ **Wish to donate a Silent Auction Item(s):**

- ☐ **Wish to purchase ticket(s):**

* Tax receipt will be issued for the portion of the ticket price deemed charitable.

_____ Ticket(s) @ \$125 each

_____ Table(s) of 8 @ \$1,000

- ☐ **Unable to attend but wish to make a donation of \$** _____

Supporter Info:

Name: _____

Company Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

Email: _____

☐ Name on tax receipt: ☐ Tax receipt not required.

Payment Info:

Contribution Total: \$ _____

☐ Visa ☐ MasterCard ☐ Cheque

Name on Card: _____

Card #: _____

Expiry Date: _____ CVV: _____

☐ I authorize the name below as my signature

Signature

Please forward completed form to:

Jamie Post | jamie@edmontonsfoodbank.com | 780.425.2133 ext. 231

Edmonton's Food Bank | PO Box 62061 | Edmonton, AB | T5M 4B5