

Saturday, January 25, 2020 Metro Toronto Convention Centre, North Wing 255 Front Street West, Toronto



NAME:	POSITION:	
COMPANY:		
ADDRESS:		
CITY/TOWN:	PROVINCE: POSTAL CODE:	
TEL:	FAX <u>:</u>	
EMAIL ADDRESS:		
Please reserve	_ Benefactor Table(s) (table of 10) at \$6,000 each	\$
Please reserve a Full P	Page Ad at \$500 (Benefactor Table Option only)	\$
Please reserve	_ Benefactor Ticket(s) at \$600 each	\$
Please reserve	_ Supporter Table(s) (table of 10) at \$4,800 each	\$
Please reserve	_ Supporter Ticket(s) at \$480 each	\$
Please reserve	_ Raffle Ticket(s) at \$20 each	\$
I am unable to atte	end, but I would like to make a contribution	\$
	Tot	al: \$
Payment Methods:	Cheque Enclosed (Cheque payable to Yee Hong Community Wellness Foundation)	
	☐ Visa ☐ Mastercard ☐ AMEX ☐ P	lease send invoice
Name on Credit Card:_		
Credit Card Number:	Expiry Date:	
Signature:	Date:	

Upon completion, please send form to Katherine Hui at katherine.hui@yeehong.com