

Order Form



I would like to purchase (#) ____ tickets for Taste of Guelph 2010
at \$100 each (up to and including August 27)
or \$125 each (August 28 to September 19)

(Note: A tax receipt for a portion of the ticket price will be issued to the person whose name appears on the payment. Canada Revenue Agency rules do not permit issuing of tax receipts with c/o addresses.)

I cannot attend but would like to donate \$ _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ **Email:** _____

This year there's construction on Westmount Road. Please include your email so we can update you about how to access the Taste site, and where to park. You can also check out www.tasteofguelph.com just before the event.

Payment Information

Cheque enclosed (payable to Taste of Guelph)

Visa #: _____ Expiry Date: _____

Mastercard #: _____ Expiry Date: _____

Name: _____

Signature: _____

Complete and return to:

St. Joseph's Health Centre Foundation, Guelph
100 Westmount Road, Guelph, ON N1H 5H8
Phone: (519) 767-3424 Fax: (519) 767-3445 E-mail: fdn@sjhcg.ca

For more information call:

The Foundation of Guelph General Hospital: (519) 837-6422
St. Joseph's Health Centre Foundation, Guelph: (519) 767-3424

Our privacy promise: We treat your personal information with respect, and never rent, sell, or trade our mailing lists. The information you provide will be used to provide tax receipts and keep you informed of other events and fundraising opportunities in support of Guelph General Hospital and St. Joseph's Health Centre, Guelph. If you wish to be removed from our list, simply contact us by phone (519-767-3424) or email at fdn@sjhcg.ca

Thank you for your support