

# SPARKLE



Name .....

Address .....

City ..... Province ..... Postal Code .....

Phone .....

Email .....

Please send:

**Honorary Angel** (names listed in program)      **\$150**    number of tickets ..... total cost \$ .....

**Patron Ticket(s)**      **\$125**    number of tickets ..... total cost \$ .....

**Friend Tickets**      **\$85**    number of tickets ..... total cost \$ .....

**Youth**      **\$65**    number of tickets ..... total cost \$ .....

I am unable to attend but wish to make a donation \$ .....

Purchase your tickets by mailing this reply card with full payment in the enclosed envelope, by phone toll free 1-866-672-7881, fax (204)787-1607 or by e-mail at [special.events@cancercare.mb.ca](mailto:special.events@cancercare.mb.ca)

I wish to pay by:  VISA    Mastercard    Cheque payable to CancerCare Manitoba Foundation

Card number ..... Expiry .....

Signature ..... Tax receipt issued to .....

Tax receipts will be issued according to Canada Revenue Agency guidelines.

