



Chrysalis Affair Table and Ticket Purchase Form

I would like to support the Chrysalis Affair by purchasing:

_____ TABLES @ \$7,500 _____ TICKETS @ \$750

Purchaser Information

Name _____

Company/Org _____ Title _____

Address _____

City _____ Prov _____ Postal Code _____

Tel _____ Email _____

Payment Information

Payment Type (please circle)

Visa MasterCard American Express Cheque

Card # _____ Expiry _____ month / year

Signature _____

Please send me an invoice (please circle) Yes No

Please make cheques payable to: Toronto General & Western Hospital Foundation

Mail, Fax or Email: Amber Bernard, Event Manager
Toronto General & Western Hospital Foundation
R. Fraser Elliott Building, 5th Floor
190 Elizabeth Street
Toronto, ON M5G 2C4

Email: amber.bernard@uhn.on.ca
Tel: 416.340.4800 x. 6279
Fax: 416.340.4864

Thank you for your support