

Name:

Title:

Company:

Address:

City: Postal code:

Telephone:

E-mail:

I was solicited by:

PARTICIPATION

- I accept to be a sponsor for the amount of \$5,500, includes 10 tickets, mention on the poster of the sponsors and in the tasting note book.
- I wish to reserve a table for 10 guests at \$3,600.
- I wish to reserve ticket(s) at \$385 .
- I will not be able to attend but you'll find enclosed a donation for the amount of \$.....

Please advise us if you have food allergies:

PRESTIGE WINE TASTING EVENT
WEDNESDAY 29TH APRIL 2009 at 6 P.M.
MONTREAL SCIENCE CENTRE - PERSPECTIVE 235 ROOM

PAYMENT METHOD

- You will find herewith a cheque payable to the Mental Illness Foundation for the amount of \$

Please issue an invoice in the name of:

- Please charge the amount of \$ to my account:
- Visa MasterCard AMEX

Card number:

Exp.: /
(month) (year)

Signature:

Please issue the income tax receipt in the name of:



**Mental
Illness
Foundation**
Organizer of this event

Please fill this form, print it
and send it to us by mail or fax.

401-2120 | Sherbrooke Street E
Montreal | QC | H2K 1C3
T 514.529.5354 | 1.888.529.5354
F 514.529.9877
www.mentalillnessfoundation.org

registered under number:
10183 6641 RR 0001