



Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

- Yes, our company wants to be the **Presenting Sponsor** (\$25,000)
- Yes, our company wants to be a **Gold Sponsor** (\$15,000)
- Yes, our company wants to be a **Silver Sponsor** (\$10,000)
- Yes, our company wants to be a **Bronze Sponsor** (\$5,000)
- Yes, I want to purchase a corporate table for 10 (\$3,500) Please provide us with a list of guests by March 14, 2011  
Name of guests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes, I want to purchase individual tickets at \$300/ticket # Tickets: \_\_\_\_\_ Total: \$ \_\_\_\_\_  
**Please seat me with:** \_\_\_\_\_

I cannot attend but wish to make a donation of \$ \_\_\_\_\_

### Payment Method

Cheque enclosed (payable to Ottawa Humane Society)  Please send an invoice (sponsorships & corporate tables only)  
 Visa  MasterCard  American Express  
Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Expiry Date (mm) \_\_\_\_\_ / (yr) \_\_\_\_\_ Name of Cardholder \_\_\_\_\_  
Signature \_\_\_\_\_

### Dietary Requirements

Vegetarian Allergies: Nuts  Seafood   
Please indicate to which member of your party the above applies: \_\_\_\_\_  
\_\_\_\_\_

Please send this form to: **Ottawa Humane Society**  
101 Champagne Avenue South, Ottawa ON K1S 4P3  
Tel. 613-725-3166 ext. 263 Fax 613-725-5674  
furball@ottawahumane.ca

OR

Purchase tickets online at  
[www.ottawahumane.ca](http://www.ottawahumane.ca)



Ottawa Humane Society