2020 RCAF GALA Table Reservation Form

Table of 8: @ \$800.00 = \$	or Gala Tickets: @ \$125.00 = \$
Name:	
Address:	
Phone:	Email:
Signature:	Date:
Attendees:	
Name:	Email:
PAYMENT OPTIONS:	
☐ Please invoice	
☐ Payment enclosed (Cheques payabl	e to Central Plains Cancer Services)
☐ Credit card (Mastercard, Visa)	
•	
o Exp:	

Please return form and payment to:

Total:

Central Plains Cancer Services 318 Saskatchewan Avenue East Portage la Prairie, MB R1N 0K8

Phone: (204) 857-6100 Fax: (204) 857-8389 Email: executivedirector@cpcancerservices.ca