



**ST. ALPHONSUS SCHOOL
GALA DINNER AND DANCE SATURDAY,
APRIL 30, 2022
DELTA HOTEL**

Ticket Order Form

Company/Individual Name: _____ Contact: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Contact Phone #'s: _____

Tax Receipt Issued to: _____

Ticket Orders:

Gala 2022 Ticket Purchase Quantity _____ **x \$160.00 =** _____

Please choose method of payment:

Cheque _____ Credit Card _____ eTransfer _____

Please make cheques payable to "St. Alphonsus Gala Dinner", eTransfers can be sent to galapayments@stals.ca

For Credit Card payments, please complete information below:

Payment Plan Options

For payment plan please choose the # of payments(max 5) and divide by the sponsorship amount.

Number of Payments: _____ Each Payment Amount \$ _____

Please circle payment dates below:

March 15, 2022 April 15, 2022 May 15, 2022 June 15, 2022

Please make postdated cheques out to "St. Alphonsus Gala Dinner" and for the above selected dates,

Credit Card payments will be billed on the above selected dates

Credit Card Information

Visa/Mastercard #: _____

Name On Card: _____ Exp. Date: _____

Signature: _____

Please CIRCLE your preference: "send my tickets home" or "I/We will pick our tickets up in the office"

First Gala attending? Y / N

Referred by: _____