



RESERVATION FORM – BENEFIT DINNER – MILOS 2015

Mrs. Mr. / French English

Last name : _____ First name : _____

Address : _____

City : _____ Province : _____

Postal code : _____ Phone : _____

Email : _____

Company name : _____

I would like to purchase _____ ticket(s) for the dinner at the cost of 300\$ = _____\$

First and Last name(s) of guests:

I will be unable to attend, but I would like to make a donation of _____\$

I would like to sponsor this event,

Sponsorship plan	<input type="checkbox"/> 3000\$	<input type="checkbox"/> 1000\$
Logo broadcasted on screen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ad in booklet/menu	<input checked="" type="checkbox"/>	
Mention on facebook	<input checked="" type="checkbox"/>	
Official tax receipt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CHEQUE PAYABLE TO :

Fondation Kovalev et ses amis pour les enfants

3-4485 avenue de l'hôtel de ville, Montréal, Qc., H2W 2H6

PLEASE RETURN THIS COMPLETED FORM BY EMAIL TO:

Vinciane Laffineuse

soireemiloskovalev@gmail.com

(514) 839 7457

THANK YOU



TAX RECEIPT FORM

Information on the donor for the tax receipt

Same as mentioned above

Mrs. Mr. / French English

Last name : _____ First name : _____

Address : _____

City : _____ Province : _____

Postal code : _____ Phone : _____

Email : _____

Company name : _____

BENEFIT DINNER – MILOS 2015

TICKET(S): _____ tickets x 300\$

DONATION: _____ \$

OTHER: _____ \$

Registration No. : 84710 3025 RR 0001

PLEASE SEND THIS FORM BY EMAIL TO soireemiloskovalev@gmail.com OR BY MAIL TO:

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3-4485 avenue de l'hôtel de ville

Montréal, Qc., H2W 2H6

THANK YOU