



TICKET ORDER FORM

**The 26th Annual ORT Montreal Benefit Gala
Monday, November 16, 2008**

_____ \$175.00 (Patron Tickets) _____ \$275.00 (Benefactor Tickets)

NAME _____

COMPANY _____

ADDRESS _____

POSTAL CODE _____ TELEPHONE _____

EMAIL _____

CHEQUE ENCLOSED (Payable to ORT Montreal) _____

CARD NO _____ EXP.DATE _____

NAME ON CARD _____

CANVASSER _____

_____ \$175.00 (Patron Tickets) _____ \$275.00 (Benefactor Tickets)

NAME _____

COMPANY _____

ADDRESS _____

POSTAL CODE _____ TELEPHONE _____

EMAIL _____

CHEQUE ENCLOSED (Payable to ORT Montreal) _____

CARD NO _____ EXP.DATE _____

NAME ON CARD _____

CANVASSER _____

PLEASE NOTE

It is very important, that we have the name on the credit card for receipting purposes.

208-5165 Sherbrooke Street West • Montreal, QC • H4A 1T6

Tel: (514) 481-2787 ♦ **Fax:** (514) 481-4119 ♦ **E-Mail:** info@ortmontreal.org