

A benefit on behalf of the Glenrose Rehabilitation Hospital Foundation



*Celebrate
with the 500*

Many of you have joined us in the past at our Chocolate Affair Gala to celebrate the achievements of the Glenrose Rehabilitation Hospital's (GRH) patients and the contributions of the GRH Foundation's donors. This year, our celebration takes on a new date and a brand new name.

Please hold April 23rd, 2010 open for the GRHF's Courage Campaign Gala Celebration - the 500.

Coming soon are your invitation, details about the new name for our Gala evening and much, much more...!

Friday, April 23, 2010

Shaw Conference Centre, Hall D

Reception at 6pm Dinner at 7pm

\$250 for 1 or 2 for \$500

Table of 10 for \$2,500

To purchase tickets please call 780 735 6024

or visit glenrosefoundation.com



GLENROSE
REHABILITATION • HOSPITAL
FOUNDATION

Courage. Encouraged.

TICKET ORDER FORM



A benefit on behalf of the Glenrose Rehabilitation Hospital Foundation

Name: _____

Address: _____

Postal Code: _____

Email: _____

Phone(res): _____ (bus): _____

of Tickets: _____ x \$250 each = _____ (Table Guests)*

* Kindly provide guest information on right side of this page.
A tax receipt will be issued to the payee for \$125 per ticket.

PAYMENT DETAILS

Cheque made payable to: Glenrose Rehabilitation Hospital Foundation

Visa MC Amex

Card No.: _____

Exp: _____ / _____

Signature: _____

Name on card: _____

Unfortunately we are unable to attend.

Please accept our donation in the amount of \$ _____

MAIL TICKETS TO: (please fill in if different from above)

Name: _____

Address: _____

Postal Code: _____

Email: _____

Vegetarians: _____ Wheelchairs: _____

Allergies: _____

Other _____

GUEST INFORMATION

1 Name: _____

Address: _____

Postal Code: _____

2 Name: _____

Address: _____

Postal Code: _____

3 Name: _____

Address: _____

Postal Code: _____

4 Name: _____

Address: _____

Postal Code: _____

5 Name: _____

Address: _____

Postal Code: _____

6 Name: _____

Address: _____

Postal Code: _____

7 Name: _____

Address: _____

Postal Code: _____

8 Name: _____

Address: _____

Postal Code: _____

9 Name: _____

Address: _____

Postal Code: _____

10 Name: _____

Address: _____

Postal Code: _____

PLEASE FAX, MAIL OR EMAIL THIS FORM TO:

Fax: 780.735.8227

Phone: 780.735.6024

Email: lisa.watson@albertahealthservices.ca

Glenrose Rehabilitation Hospital Foundation

10230 - 111 Avenue NW

Edmonton, AB T5G 0B7



GLENROSE
REHABILITATION + HOSPITAL
FOUNDATION

Courage. Encouraged.