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ALPINE ONTARIO

Find Your Edge!



ALPINE CANADA ALPIN

2014 Sochi Olympics Fundraiser Event

FOR

Philip Brown



&



Madison Irwin

Hosted by



Cleveland Clinic Canada

Date: Nov 5, 2012 from 6pm to 9pm

Location: Cleveland Clinic Canada, 181 Bay St. 30th Floor Brookfield Place
(Above the Hockey Hall of Fame)

Parking: South Side of Wellington just West of Yonge St.

Cocktail Event: Drinks & hors d'oeuvres

Ticket Price: \$150 Single (Tax Receipt \$125)
\$250 Couple (Tax Receipt \$200)
\$100 ea. Families of 3 or more (Tax Receipt \$75 ea.)

- Cheques make payable to **AOA/World Cup Club** (BN 88938 6868 RR0001)
- Please mail cheques & completed donation form to:
Elaine Danson, 40 Oaklands Ave, Suite 307, Toronto, Ontario M4V 2Z3
- Fax donation form and credit card info to fax # 905-624-5328
attn: Elaine Danson

Additional Inquiries: John Danson at dansonj2@ccf.org or call 416-507-6761



ALPINE ONTARIO

Find Your Edge!



Cleveland Clinic
Canada



ALPINE CANADA ALPIN

Philip Brown and Madison Irwin Donation and Registration Form
for event held on November 5th (6-9pm) at Cleveland Clinic Canada.

Ticket Prices _____

	Quantity	Price	Total
Single (Tax Receipt \$125)		\$150 ea.	
Couple (Tax Receipt \$200)		\$250 pc.	
Families of 3 or more (Tax Receipt \$75)		\$100 ea.	
		TOTAL = \$	

Names: _____

I plan on attending

I am not able to attend but I am pleased to support:

\$ _____
(100% Tax Receiptable)

Method of Payment _____

CHEQUES: I wish to pay via cheque. Please mail to:
Elaine Danson, 40 Oaklands Ave, Suite 307, Toronto
Ontario M4V 2Z3. Cheques make payable to:
AOA/World Cup Club (BN 88938 6868 RR0001)

CREDIT CARD: VISA MASTERCARD

Credit card number: _____ exp. _____

Name on card: _____

Address associated with card: _____



Please Fax: Elaine Danson at 905 624 5328