

Ticket Form:

Individual Purchaser's Name (one name only please)

Name: _____

(Please print clearly)

Group Name: _____

(If applicable)

Address: _____

City: _____ Postal Code: _____

Email: _____

Phone#: (h) _____ (w) _____

_____ Previous Purchaser

If at anytime you wish to be removed from the BUH Foundation's mailing lists, simply check a Box below, contact us at 306-446-6652 or email Graeme.Bull@buhfoundation.ca

Attention: Privacy Officer .

- Do NOT send me a Previous Purchaser's envelope next year.
- Do NOT include my name on the BUH Foundation's general mailing list.
- Do NOT include my name on the BUH Foundation's emailing list.

_____ # of tickets @110.00 \$ _____

_____ # of 50/50 Enhancement @ \$10 \$ _____

I would like to make a donation to help purchase a new OMNI Hysterscope for use in operating rooms at BUH.

\$ _____ TOTAL AMOUNT: _____

Cheque Money Order payable to: BUH Foundation Inc.

VISA M/C AMEX

Card # _____

Expiry Date: _____

Name as it appears on card

Signature: _____