

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

PC: \_\_\_\_\_ Email: \_\_\_\_\_

- Please reserve \_\_\_\_\_ tickets at \$70 per person (\$35 tax receipt)
- Please reserve table of 10 at \$650 (\$300 tax receipt)
- In my absence, please accept my donation of \_\_\_\_\_
- Yes, I require a tax receipt. *(Please include complete address.)*

**Please RSVP by February 12, 2010**

**Please make cheques payable to Beginnings and mail to:**

1 Young Street, Suite 308 Hamilton, ON L8N 1T8



Counselling & Adoption Services  
of Ontario Inc.

My Guests are:

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My guests require tax receipts.  
*(I have included their full names and addresses on reverse.)*

OR please seat me with:

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