



Name: _____

Contact Name (if Applicable): _____ Phone: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Fax: _____

SPONSORSHIP

Participate as a corporate sponsor , \$500

TICKETS

Purchase event viewings: _____ x individual viewings (\$25/each) = _____

You will be sent an e-mail with your access link 24 hours in advance of the show.

Unable to participate but would like to support with a donation in the amount of: \$ _____

METHOD OF PAYMENT (Payment must accompany registration form)

Cheque (Payable to Changing Lives Together Foundation or CLTF)

Charge Visa/MasterCard

Credit Card # _____ Expiry Date: _____ / _____ CW _____

Signature: _____

Please return completed order forms to

linda.daloisio@hdgh.org

or call 519-257-5111, ext. 76922

