



RSVP—The favour of your reply is requested by Friday, March 22, 2019

First Name		Last Name		
Address		City	Province	Postal Code
Email		Telephone		
	rchaseseats at \$300 ductible as a charitable contribution, tax rece		e and address in	dicated above)
□ I am unable to att	tend but would like to make a	fully tax deductible o	lonation of	\$
	eque (payable to PALS) www.palsautismschool.ca - Suppor	t I Is - Gala 2019		
10 DAS	ardVisaMasterCard		cess America	n Express)
Credit Card Number			Expiry D	Date mm/yy
Signature	Thank you for your support!		_	o register for the online ms and view all details.

Please provide the meal choice for yourself and your table guests. You may pay for a full table or your guests can send RSVP cards with their payments and meal choices separately.

First and Last Name of Individual Guests		Mediterranean Sea Bass	Vegetarian	
1.				
2				
3				
4				
5				
6	□			
7	□			
8	□			
9	□			
10				
11				
12				

Any food allergies or dietary restrictions, please email gala@palsautismschool.ca by March 29, 2019. Please note *PALS Gala* is a ticketless event; your payment is confirmation of registration. For more information, please visit www.palsautismschool.ca or contact gala@palsautismschool.ca or (604)251-7257.

**Please arrange for a safe ride home after the event!