





TICKET(S) ORDER FORM ANNUAL DUCK RACE

INFORMATION	
First Name:	Last Name:
Address:	City:
Province:	Postal Code:
Telephone:	Email:

PAYMENT METHOD	
<input type="checkbox"/> Cheque (Payable to the Lakeshore General Hospital Foundation)	
<input type="checkbox"/> 	<input type="checkbox"/> 
Credit Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date (mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature: _____

TICKET INFORMATION
Number of Tickets _____ X \$10 = Total Cost \$ _____

Please mail or fax to:
The Lakeshore General Hospital Foundation
 160 Stillview, Suite 5209, Pointe Claire, Québec H9R 2Y2
 Telephone: (514) 630-2081 Fax: (514) 630-2873

Charitable organization # 13202 1668 RR0001

THANK YOU FOR YOUR SUPPORT!