

## Yes! I want to support the 2019 Fundraiser for Hope & Healing

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

Contact: \_\_\_\_\_

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

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

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

\_\_\_\_\_

### Please Indicate Your Desired Level of Sponsorship:

Trunk \$10,000

Leaf \$2,500

Branch \$5,000

Other: \$ \_\_\_\_\_

Table \$800

Individual Tickets: \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_

### Please Indicate Your Preferred Method of Payment:

Credit Card      Name on Card: \_\_\_\_\_

Cheque      Card Number: \_\_\_\_\_

Invoice      Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      3-Digit CVC Code: \_\_\_\_\_

Postal Code Associated with Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Please email my receipt.

I would like my donation to remain anonymous.

Please add me to your Friends of Rowan House Email List

Rowan House would like to send you important information and announcements from our organization. You may receive 1-2 emails per month including, but not limited to: events, campaigns and client stories. Rowan House respects your privacy and does not sell, trade or otherwise share your information. You may unsubscribe at any time.



Box 5121, High River, AB T1V 1M3  
24-Hour Crisis Line: 403.652.3311  
Administration: 403.603.5990  
Fax: 403.652.3377  
[www.rowanhouse.ca](http://www.rowanhouse.ca)