



SPRINGTIME IN PARIS

THE SNOWFLAKE BALL 2015

SATURDAY, FEBRUARY 14, 2015
5:30 PM - 1:30 AM
HILTON LAC-LEAMY

**MAKE A GRAND
GESTURE IN
GRAND STYLE**
AS THE BALL ALWAYS
SELLS OUT EARLY, TO
AVOID DISAPPOINTMENT,
RETURN THIS FORM TODAY
FOR A NIGHT OF GLAMOUR,
ROMANCE, AND ELEGANCE!

Mikhela Jason, Ball Co-Chair
The Snowflake Ball

4338 Innes Road, Suite #4,
c/o Dymon Self-Storage
Ottawa, Ontario, Canada
K4A 3W3

PHONE: (613) 237-0190
FAX: (613) 590-9952
EMAIL: info@snowflakeball.com
http://www.snowflakeball.com

Please note that, unfortunately, refunds
will not be issued on any cancellations.

CONTACT NAME: _____

TITLE: _____

ORGANIZATION: _____

STREET ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

WORK PHONE: _____ HOME PHONE: _____

CELL: _____ FAX: _____

EMAIL(S): _____

Please indicate your choice:

EIFFEL TOWER SPONSOR TABLE OF TEN / \$7,500
Includes preferred seating; full-page colour ad in Evening Programme; logo placement in event advertising, on electronic/printed materials, on Ball website, and on event signage; mention in press materials; and recognition through Facebook and Twitter and on beneficiary websites
We would like to purchase _____ Eiffel Tower Sponsor Table(s) of 10

VIP BALL TABLE OF TEN / \$3,650
Includes preferred seating, exclusive table gifts for each guest, and five valet parking passes
We would like to purchase _____ VIP Ball Table(s) of 10

BALL TABLE OF TEN / \$3,150
We would like to purchase _____ Ball Table(s) of 10

NAME TO APPEAR ON TABLE SIGNAGE

BALL TICKETS / \$315
We would like to purchase _____ Individual Ball Ticket(s)

We cannot attend, but would like to make a tax-deductible financial donation in the amount of: \$ _____

TOTAL DUE: (CDN FUNDS) \$ _____ DATE: (DD/MM/YY) _____ / _____ / _____

Method of Payment:

Cheque (Payable to: "The Snowflake Ball")
 VISA MasterCard American Express

CARD NUMBER: _____
NAME OF CARDHOLDER: _____
SECURITY CODE: _____ EXPIRY (MM/YY): _____ / _____