

AL KOL ELEH – HEBREW SONGS OF HOPE

Sunday October 25th – 2:00 pm

Seven Oaks Performing Arts Centre – 711 Jefferson Avenue

DONATION LEVEL	ENTITLES YOU TO:
<i>All Donors will be acknowledged in our Program Book</i>	
\$36 to \$179 \$ _____	Full tax receipt, no tickets
\$180 to \$359 \$ _____	Up to 2 prime tickets Charitable donation receipt for donation less value of tickets @ \$36 each
\$360 to \$539 \$ _____	Up to 4 prime tickets Charitable donation receipt for donation less value of tickets @ \$36 each
\$540 to \$719 \$ _____	Up to 5 VIP prime tickets Charitable donation receipt for donation less value of tickets @ \$36 each
\$720 to \$999 \$ _____	Up to 6 VIP prime tickets Charitable donation receipt for donation less value of tickets @ \$36 each
\$1,000 TO \$1,799 \$ _____	Up to 7 VIP prime tickets Charitable donation receipt for donation less value of tickets @ \$36 each
\$1,800 TO \$2,499 \$ _____	Up to 8 VIP prime tickets Charitable donation receipt for donation less value of tickets @ \$36 each
\$2,500 to \$3,599 \$ _____	Up to 10 VIP prime tickets Charitable donation receipt for donation less value of tickets @ \$36 each
\$3,600 to \$5,399 \$ _____	Up to 12 VIP prime tickets Charitable donation receipt for donation less value of tickets @ \$36 each
\$5,400 + up \$ _____	Up to 14 VIP prime tickets Charitable donation receipt for donation less value of tickets @ \$36 each Half page ad in digital concert program book + Thank you from the stage

Tear off & mail to C147-123 Doncaster Street, Winnipeg R3N 2B2 or email: info@chai.ca or phone 204-955-0069

Amount of my donation: \$ _____ . I will use _____ tickets.

I will purchase _____ extra adult concert tickets @ \$36 ea

I will purchase _____ extra children's concert tickets @ \$25 ea = \$ _____

I will add a donation of \$ _____ to go to CancerCare Manitoba.

Total Amount for donation & any extra tickets: \$ _____

Name _____

Address _____

Phone _____ Email Address: _____

Name to list in Program Book _____

Pay by cheque (to Chai Folk Arts Council Inc.) **or** e-transfer to info@chai.ca **or** **VISA, MASTERCARD OR AMEX** or see www.chai.ca for online options.

Cardholder's name: _____ CVV: _____

Card Number: _____ Expiry Date: ____ / ____