

Seating Request _____

Special Meal Request _____

A tax deductible receipt will be provided for a portion of the ticket price. Your help will be greatly appreciated and will make a difference in the lives of many.

Mood Disorders Association of Manitoba, 100 - 4 Fort St., Winnipeg, MB R3C 1C4

Charitable Reg. # **12874 9520 RR0001**

- I am unable to attend the ***In the Mood Gala***, but would like to make a donation.
- I/we would like to be a sponsor of the Gala. Please contact me for more information.

PRINT NAME

EMAIL

PHONE

Please contact Clive at MDAM 204-786-0987 or 1-800-263-1460



Mood Disorders
ASSOCIATION OF MANITOBA

***Helping people
help themselves***

For more information about mood disorders

www.mooddisordersmanitoba.ca

Yes,

PRINT NAME

will attend the *In the Mood Gala* on Saturday, March 6, 2010.

or I would prefer to be a Patron

Please reserve _____
seats at \$150 per person

Please reserve _____
seats at \$175 per person

Total Amount: _____

My cheque is enclosed made payable to: **Mood Disorders Association of Manitoba**

Please charge my: **Visa** **MasterCard**

Card # _____ Expiry Date _____

Signature _____ Phone _____