

#### January 26, 2019 Enjoy Centre

What makes a community? Is it the people, the buildings, the community spirit? At the Sturgeon Community Hospital Foundation, we believe a great community encompasses all these ideals. We are proud of the role our hospital has played in the growth and development of the city of St. Albert and the surrounding communities.

The Sturgeon Community Hospital Foundation will be celebrating our **27<sup>th</sup> Friend Raiser Gala** at The Enjoy Centre in St. Albert on **Saturday**, **January 26**<sup>th</sup>, **2019**. Please consider supporting the Sturgeon Community Hospital Foundation through sponsorship, donations for our auction or attending this year's gala.

The Sturgeon Community Hospital Foundation is dedicated to enabling world-class medical care for every stage of your life!



For more information or to confirm your commitment, please contact the Foundation Office at 780-418-7361 Or email: sturgeonhospitalfoundation@albertahealthservices.ca

www.sturgeonhospitalfoundation.org

# Get Your Tickets Today!

SUPERNOVA TABLE ANDROMEDA TABLE \$2000

**INDIVIDUAL TICKETS \$200** 

### Event Details:

- ◆ Black Tie Optional
- ◆ Champagne Reception
- ♦ 4 Course Dinner
- ◆ Complimentary Dinner Wine
- ♦ Entertainment by Uptown

Funds raised through this year's Gala will allow us to continue to support four key areas of growth within the Sturgeon Community Hospital including: enhanced family care, the purchase of leading edge medical equipment, the support of further innovation and on-site and community education.





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## SUPERNOVA TABLE - \$3500 ANDROMEDA TABLE - \$2000 • Table of 10 with preferred placement • Table of 10 • Invitation for table guests to the Starlight Pre Reception Program, table and screen recognition VIP Registration and coat check for all guests Tax deductible receipt (\$1000) • Limousine to and from the Gala from one location INDIVIDUAL TICKETS - \$200 Program, table and screen recognition • Concierge table service Tax deductible receipt (\$100) Upgraded beverage service during dinner \$200 X \_\_\_\_= \$\_\_\_\_ Tax deductible receipt (\$1500) Name: Company Name:\_\_\_\_\_ Address: Postal Code:\_\_\_\_\_ Contact Person: Telephone: Email: The following guests will be attending: 2. 3. 4.\_\_\_\_\_\_ 5.\_\_\_\_ 6.\_\_\_\_ 7.\_\_\_\_\_\_\_ 8.\_\_\_\_\_ 9.\_\_\_\_\_ With regret, we are unable to attend the Gala, but wish to make a contribution of \$\_\_\_\_\_ to support the Hospital METHOD OF PAYMENT: Cheque Visa MasterCard (Please make cheques payable to the Sturgeon Community Hospital Foundation) Credit Card #: Expiry Date Signature:\_\_\_\_\_\_Name on Card (please print):\_\_\_\_\_

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