



The Macaulay Child Development Centre
War Horse Theatre Night
April 19, 2012

Please complete and remit this form with payment.

*Name: _____

*Address: _____

*City: _____ *Postal Code: _____

*Telephone Number: (H) _____ (B) _____

E-mail address _____

*Required information

Tickets: \$150 per seat

of Tickets _____

Total Amount: \$ _____

Paying by Cheque

Cheque enclosed: _____ Amount: \$ _____

Please make cheque payable to: Macaulay Child Development Centre
and mail to: 2010 Eglinton Ave. West, Suite 400
Toronto, ON M6E 2K3

Paying by Credit

Please circle: **AMEX** **VISA** **Mastercard**

Card Number: _____ Expiry Date: _____

Name on Card: _____ Amount: \$ _____

Signature: _____

Thank you!