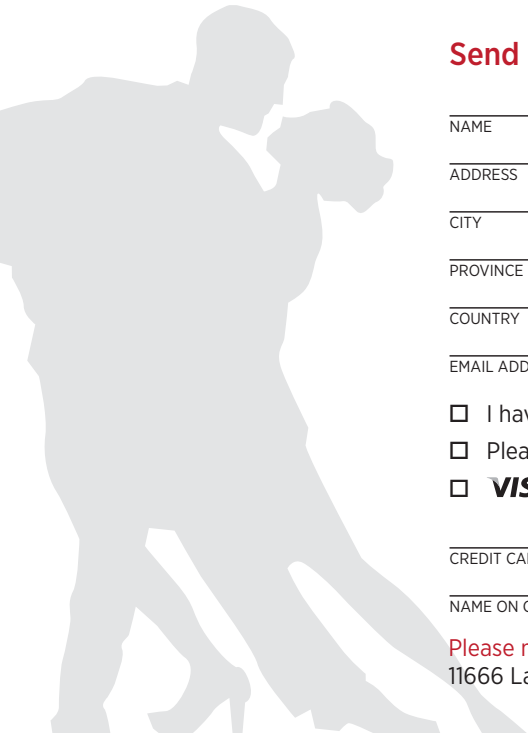




RIDGE MEADOWS  
HOSPITAL FOUNDATION

2010 GALA



Send me \_\_\_\_\_ tickets at \$175 each

NAME

ADDRESS

CITY


PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE

EMAIL ADDRESS

- I have enclosed my cheque payable to RMH Foundation
- Please send me an invoice
- VISA**    

CREDIT CARD NUMBER

EXPIRY

NAME ON CREDIT CARD

SIGNATURE

Please mail completed reply card to: RMH Foundation  
11666 Laity Street, Maple Ridge, British Columbia V2X 7G5