Ticket Information

Name:			
Firm/Company:			
Address:			
City/State/ZIP:			
Phone:			
Email address:			
Credit Card Number	ər:		
Exp. Date:	Visa/Ma	asterCard/Ame	rican Express
Signature:		Date:	
Benefactor: \$500	0.00 per person	/\$5,000.00 per	table of ten.
Enclosed is \$			
			()
Contributor: \$25	0.00 per persor	ı/\$2,500.00 pei	table of ten.
Enclosed is \$			
Friend: \$150.00 p			
Enclosed is \$	for:	seats/ tab	ıle(s).
If employed by a p			
academic institution			
ten. Enclosed is \$	for:	seats/	_ table(s).
I would like t	o purchase	tickets in ac	Ivance for the
Raffle. (Raffle Tid			
ticket cost to you	r check or charge	e amount.	
I am unable	to attend the 201	3 Annual Lunch	eon. but I've
enclosed a tax-d	eductible donatio	n of \$ to	Chicago
Appleseed Fund			
Yes. I'd like to	receive enewsle	etters and notific	ations from
Chicago Applese			
addraga ior		-	•