



March 6, 2010

HEF Casino Night Ticket Order

Names

	Name (s):	

Mail Ticket (s) To:

Name		Street
City	Zip	Phone Number
E-Mail Address		

Payment

Payment Method: Cash Check (Make checks payable to "HEF")

Ticket Qty (check one):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Ticket	2 Tickets	3 Tickets	4 Tickets
\$40	\$80	\$120	\$160

Print and return this order form, along with payment, to:

Mardi Gras Masquerade
 c/o Lori Gassman
 5323 Cemetery Rd
 Hilliard, OH 43026

For more information:

Phone: 777-2222 Ext 433

E-mail: HEFCasinoNight@gmail.com

Web Site: HilliardEducationFoundation.org

FOR OFFICE USE ONLY:	Date Rec'd _____	Check # _____	Name: _____
	Amount: \$ _____	Tckts Mailed _____	Date _____