



March 10, 2012
HEF Casino Night Ticket Order

| | |
|-----------|--|
| Names(s): | |
| | |
| | |

Mail Ticket(s) To:

| | | |
|------|-----|--------------|
| Name | | Street |
| | | |
| City | Zip | Phone Number |
| | | |

| | |
|---------------|--|
| Email Address | |
|---------------|--|

Payment

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

Ticket Quantity (*check one*):

| | | | |
|----------|-----------|-----------|-----------|
| 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, Ohio 43026*

For more information:

Phone: 777-2222 Ext 433

E-Mail: HEFCasinoNight@gmail.com www.hilliardeducationfoundation.org

| | | | |
|----------------------------|------------------|----------------------|------------|
| FOR OFFICE USE ONLY | Date Rec'd _____ | Check # _____ | Name _____ |
| | Amount _____ | Tickets Mailed _____ | Date _____ |