

"Our Nation's Daughters" Ticket Order Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Tickets:

_____ Attendee—Contribution of \$350
o One ticket to attend Gala

_____ Daughters & Young Professionals—Contribution of \$250

_____ VIP Attendee—Contribution of \$500
o One VIP ticket
o Preferred Seating Placement

_____ Leadership Circle—Contribution of \$1,000
o One VIP Ticket
o One year Leadership Circle museum membership
o Preferred Seating Placement & recognition in program

_____ Founding Member—Contribution of \$5,000
o Table for 10
o One year Founding museum membership
o Recognition as a table sponsor in the program

Names of Attendees:

My check for \$_____ is enclosed.

Please bill my American Express / MasterCard / Visa / Discover credit card:

Account # _____ Exp. date _____

Signature _____