



Office Use Date Received: _____ Ticket Number(s): _____ Date Tickets Mailed: _____
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Ticket Order Form

Complete this form and mail with payment to: A Child's Haven
1124 Rutherford Road
Greenville, SC 29609

Name: _____
Billing Address: _____
City, State, Zip _____
Mailing Address: _____
(for tickets, if different from above) _____
Phone _____ Email Address _____

# of adult tickets _____	@ \$20 pricing =	\$ _____
# of child (3-12) tickets _____	@ \$10 pricing =	\$ _____
# of car raffle tickets _____	@ \$100 =	\$ _____

(For more information on raffle for fully restored 1957 Thunderbird, see <http://www.odomfoundation.com>)

Total: \$ _____

Payment options:

_____ Check made payable to A Child's Haven
_____ Credit Card (indicate which): VISA MC AMEX
3 or 4 digit security code: _____
Card Number: _____ Exp Date ____ / ____
Name as it appears on card: _____
Signature: _____



Event will be held rain or shine
Tickets will be mailed beginning in April
For questions call: 864-298-0025
<http://www.achildshaven.org>

After April 30th or at the door, tickets are \$20/adult and \$10/child