

Miriam's Basket, Inc. – "Doin' A Good Thing!" Fall Fundraiser

TICKET REQUEST FORM

PLEASE RETURN NO LATER THAN SEPTEMBER 11, 2024

THIS IS CRITICAL FOR APPROPRIATE PLANNING

Make checks payable to *Miriam's Basket, Inc.* and return in the envelope provided.

PLEASE PRINT LEGIBLY:

Name of Purchaser: _____

Address: _____

Best Contact Number: _____

E-Mail Address: _____

___ CHECK HERE TO RESERVE A TABLE FOR YOUR GROUP OF 8 @ \$360

Number of Tickets: _____ @ \$45 each Amount Enclosed: _____

___ I regret that I will be unable to attend the event. Please accept my enclosed tax-deductible donation of \$_____.

We are currently updating our records and ask you to respond below with your desires:

___ *Please continue to share the news of Miriam's Basket activities with me at the above addresses.*

___ *Please remove me from your contact list. I am no longer interested in receiving your information.*

~ PLEASE SHARE THE FORM BELOW WITH A FRIEND!~

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