

2017 Governor's Prayer Breakfast

Ticket Order Form

_____ Individual Ticket(s) for a \$35.00 donation each. Seating at a non-reserved table.

_____ Reserved Table(s) of 10 for a \$345.00 donation each table.

_____ Priority Seating Reserved Table(s) of 10 for a \$395.00 donation each table.

_____ SPONSOR/Priority Seating Reserved Table(s) of 10 for a \$550.00 donation each table.
(Sponsor table includes sponsor's name in the program.)*

*Name as you want it to appear in Program: _____

\$ _____ check enclosed and made payable to: Governor's Prayer Breakfast

\$ _____ amount to be charged to credit card

Credit card number: _____

Expiration Date: _____ Verification Code (3-digit code on back of card): _____

Name on card: _____

Signature: _____

Phone number: (_____) _____

Address of Cardholder with Zip Code: _____

E-mail Address: _____

Mail Tickets to:

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mail this form to: Governor's Prayer Breakfast, 9733 W. Greenfield Ave., Milwaukee, WI 53214
Info: 414.344.7300 Fax: 414.344.7375 E-mail: info@wisconsin-governors-prayer-breakfast.com
www.WisconsinGovernorsPrayerBreakfast.com