

2019 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 **\$350.00 donation each table**.

_____ Priority Seating Reserved Table(s) of 10 for a **\$450.00 donation each table**.

_____ SPONSOR/PRIORITY Seating Reserved Table(s) of 10 as follows:

One table for a \$600.00 donation

Two tables for a \$550.00 donation each table

Three or more tables for a \$500.00 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@wisconsinforgovernorsprayerbreakfast.com
www.WisconsinGovernorsPrayerBreakfast.com