

2024 WI Governor's Prayer Breakfast

Thursday, May 2, 7:30-9:30 am

Wisconsin Club, 900 W. Wisconsin Ave., Milwaukee

Ticket Order Form

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

_____ Priority Seating Reserved Table(s) of 10 for a **\$400.00 donation each table.**

_____ Reserved Table(s) of 10 for a **\$350.00 donation each table.**

_____ Individual Ticket(s) for a **\$40.00 donation each.** Seating at a non-reserved table.

\$ _____ 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 ~ E-mail: info@wisconsin-governors-prayer-breakfast.com

www.WisconsinGovernorsPrayerBreakfast.com