Believe 271 Foundation, Inc. and 3rd Annual Firefighters Pink Tie Gala

NOTE: May be used for: Ticket or Table Purchases

| Credit Card Auth | <u>orization Form:</u> | |
|--------------------------------------|---------------------------------------------------------------------|----------------------|
| Name / Company | / Organization: | |
| Credit Card #: | | Exp. Date: |
| | (Place a dash between groups of n | umbers) (MM/YY) |
| Card Type: U | ISA / MasterCard | ☐ Discover Card |
| Billing Zip Code: Cell Phone Numb | Der: | 271 |
| Authorized Signa | iture: | Date: |
| Printed name as | it appears on the card: | |
| Amount authorize | ed to charge credit card for deposit/final p | payment: \$ |
| Additional Instru | ctions: | |
| | The payment information above | e is for this event: |
| Event Name: | Believe 271 Foundation, Inc. 3rd Annual Firefighters' Pink Tie Gala | |
| Location: | Harts Hill Inn | |
| Date and Time: | Saturday, October 19, 2018 / 6:00 – 11:00 pm | |
| Fee per guest: | \$ 60.00 | |
| Fee per table: | \$480.00 | |