

**14TH TRUE FAMILY VALUES AWARDS BANQUET TICKET ORDER FORM**

Hon. \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_  
Tel \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
PLEASE SEND ME \_\_\_\_\_ TICKETS at \$70 each, or \$600 for each table (group of 10 tickets) Amount \$ \_\_\_\_\_  
Payment by  Check (to HSA-UWC)  VISA  MasterCard  Discover Add 3% if payment is by credit card  
Credit Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ - \_\_\_\_  
Exact Name on Card \_\_\_\_\_ Signature \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_

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