

Theater Benefit 2017 Ticket Order Form/Donation Record

Sold to: _____ Phone No. _____

Sold by: _____ Date: _____

Rotarian's name

Category Purchased	Cost per Ticket	Tickets #'s Rec'd	Amount Paid	Total
Director (\$1,000.00)	6 - Included			
Lead (\$500.00)	4 - Included			
Cast (\$250.00)	2 - Included			
Cameo (\$150.00)	Not Included			
Single Ticket Price	\$50.00			
Credit Card Single Ticket Price	\$51.75			
Other Donation Amount				
GRAND TOTAL				

Make check payable to: Clover Park Rotary, P.O. Box 98764, Lakewood, WA 98499

-----cut line-----

METHOD OF PAYMENT

Cash Check Number: _____

Credit Card: Visa MasterCard American Express Discover

Card Number:

(number must be 16 digits)

Expiration Date: ____/____ CVV (3-digits) Billing Zip Code

Mo. Year

Name as Printed on Card _____