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★ ST. JUDE ★
S'TRAVAGANZA

Benefiting St. Jude Children's Research Hospital

TICKETS

Yes! I would like to purchase _____ tickets to the St. Jude S'travaganza. Mail these tickets to:

Name

Phone Number

Mailing Address

Email Address

DONATION

- In addition to purchasing tickets, I would like to make a donation to St. Jude in the amount of \$ _____ .
- I do not wish to purchase tickets but would like to make a donation to St. Jude in the amount of \$ _____ .

PAYMENT

- Enclosed is a check made payable to St. Jude for \$150 per ticket and/or for my donation.
- Charge my credit card for these tickets and/or for my donation.
- American Express Discover MasterCard Visa

Card Number _____ Exp. Date _____

Name as shown on credit card _____

Mailing address for credit card _____

*Mail completed form, along with payment, to: St. Jude S'travaganza, 2500 Alexander Drive, #152, Jonesboro, AR 72401. For questions, call 870-932-6440.
Thank you very much for your support of St. Jude Children's Research Hospital. Your donation could save the life of a child you know.*