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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 regular ticket.
- Enclosed is a check made payable to St. Jude for \$250 per VIP ticket.
- 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, Suite C, #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.*