

Pam Posthumus Signature Auction Event

TICKET PURCHASE FORM

Attendee Name: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail address: _____
(Required)

Please indicate whether your name or your organization is to appear on all print material:
 Name Organization

If CTF has questions, who shall we contact? Check here, if same as above

Name: _____

Telephone: _____ E-mail address: _____

TICKET PURCHASE

- I would like to purchase _____ (#) ticket(s) at \$150.00 each
Additional Guest Name(s): _____
- I am unable to attend but would like to make a contribution in the amount of \$ _____

Payment Information:

- A check, payable to the Children's Trust Fund, for the full amount is enclosed
- A check will be mailed in the next two weeks
- I will pay online at <http://tinyurl.com/DonateMICTF>
- Charge my Visa/MasterCard/Discover (Please fax or mail form if paying by credit card)

Card #: _____ Expiration Date: _____

Signature: _____

Please return form by fax: (517) 241-7038; email: headleyp@michigan.gov; or mail:
Children's Trust Fund, 235 S. Grand Ave., PO Box 30037, Lansing, MI 48909-7537, Attn: Tricia Headley

Thank you for your tax deductible donation. CTF's Tax I.D. #38-6000134.