



TICKET ORDER

LUNCHEON # \_\_\_\_\_ @ \$20 \$ \_\_\_\_\_

GALA # \_\_\_\_\_ @ \$50 \$ \_\_\_\_\_

I am unable to attend, but would like to contribute \$ \_\_\_\_\_

Please make check payable to the Bay County Library Foundation. Return card and payment in the enclosed envelope. Tickets will be mailed.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_