



TICKET ORDER FORM

MAKE SELECTION(S):

No. of ticket(s) _____ x \$100 per ticket = \$ _____
 No. of tables _____ x \$1000 per table = \$ _____
 (\$64 per person is tax deductible)

Special Packages:

- _____ \$110 for ticket and patron AD (value \$125)
- _____ \$125 for ticket, annual membership and patron AD (value \$160)
- _____ \$160 for ticket and half page AD (value \$185)
- _____ \$200 for ticket, full page AD+ membership (value \$285)

____ I cannot attend the gala. A contribution in the amount of \$ _____ is enclosed.

Total Enclosed \$ _____

SPECIAL NOTES:

FORM MUST BE RECEIVED BY September 30th. *Tickets will be held at Will Call for all orders received after October 1.* Payment must accompany all orders • Doors open at 6:45 PM

PAYMENT METHOD (PLEASE PRINT)		
Name:		
Company/Organization:	Phone:	
Billing Address:		
City:	State:	ZIP Code:
Email:	Telephone:	Fax:
Please charge my: VISA __, MasterCard __, American Express __		
Credit Card #:		
Expiration Date:	Name Printed On Card:	
Signature of Card Owner:		

Order by mail: Send this completed form to Post Office Box 174, Bowie, Maryland 20719.
 Make Checks payable to **BSUF (Bowie State University Foundation)**

Pay online: www.bowiestate.edu/alumni

Pay by phone: (301) 860-4327

Order by fax: Fax this completed form to (301) 262-6443. Include your VISA, MasterCard or American Express number and expiration date. For more information: (301) 860-4327.

Proceeds to benefit Bowie State University National Alumni Scholarship Fund