

MABLEAN EPHRIAM FOUNDATION

Birthday/Scholarship Fundraiser Ticket Reservation Form

Tuesday April 21st 2009 – The Aqua Lounge

Name (Last)_____ (First)_____ Title_____
Company_____ Address_____ City/State/Zip_____
Phone_____ Fax_____ E-Mail_____

Please reserve tickets for me as follows:

#_____ Adults - \$25 minimum donation

TOTAL # Tickets_____ TOTAL PAYMENT ENCLOSED \$ _____

MAKE ALL CHECKS/MONEY ORDERS PAYABLE TO AND MAIL TO;

MABLEAN EPHRIAM FOUNDATION

Post Office Box 39A60
Los Angeles, California 90039

or Fax to: 323 664-5325

IF PAYING BY CREDIT CARD, PLEASE INDICATE:

NAME (as it appears on credit card)_____

Address (associated with credit card)_____

City/State/Zip_____

Phone No. (associated with credit card)_____

Type of Credit Card: _____ Am/Ex _____ Visa _____ Mastercard

Credit Card No. _____ Exp.Date _____ Security Code _____

Signature authorizing charge to your account:_____

ALL SALES ARE FINAL AND WILL NOT BE REFUNDED IF UNABLE TO ATTEND. A FEE WILL BE CHARGED ON ALL RETURNED CHECKS AND UNAPPROVED CREDIT CARD CHARGES IN ADDITION TO TICKET PRICE.

PLEASE INDICATE THE NAMES AND AGES OF ALL PERSONS FOR WHOM THIS RESERVATION IS MADE. PRINT CLEARLY. USE A SEPARATE SHEET OF PAPER, IF NECESSARY.

Visit us online at: www.mableanephriamfoundation.com

Thank you for your support of the Mablean Ephriam Foundation