



# Ticket Purchase Form

\$75 per person

I/WE are proud to support Scranton Memorial Library. Please reserve \_\_\_\_\_ tickets.

Please find enclosed my/our payment.

PLEASE PRINT YOUR NAME(S) AS YOU WISH IT TO APPEAR ON EVENT COMMUNICATIONS.

Total enclosed is \$ \_\_\_\_\_

## PAYMENT INFORMATION

CHECK. Please enclose a check made payable to **Scranton Memorial Library**.

Name (Ticket 1)

Name (Ticket 2)

CREDIT CARD. Please charge my credit card for \$ \_\_\_\_\_

Name (Additional Tickets)

MasterCard       Visa       Amex

Address

| Card #               | Exp.Date             | CCID#                |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Town                 | State                | Zip                  |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Email

Phone

Gifts to Scranton Memorial Library are tax deductible to the extent permitted by law.

THANK YOU FOR SUPPORTING THE E.C. SCRANTON MEMORIAL LIBRARY

Ticket Purchase Forms can be turned in to the library, faxed to 203-245-7821, or mailed to Scranton Library (Temporary Location), 1250 Durham Road, Madison, CT 06443, Attn: Love Your Library Fundraising Event.

For additional information, please visit <http://www.scrantonlibrary.org/2018/12/love-your-library-fund-raiser> OR call the library at 203-245-7365

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