



# TICKET ORDER

Date:  
Promo Code#:

**DONOR**

**SHIP TO**

SAME AS DONOR

Name:

Name:

Company Name:

Company Name:

Street Address:

Street Address:

City, State:

City, State:

ZIP Code:

ZIP Code:

Phone:

Phone:

Email:

Email:

Donor ID#:

Donor ID#:

\$3 for 1 Ticket	\$30 for 22 Tickets	\$100 for 100
\$5 for 2 Tickets	\$40 for 30 Tickets	\$200 for 240
\$10 for 5 Tickets	\$50 for 40 Tickets	\$500 for 600
\$20 for 15 Tickets	\$60 for 48 Tickets	Other _____

Payment:    Cash            Check            Credit (VISA, AMEX, M/C, DISCOVER)

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ Security Code: \_\_\_\_\_

Send all correspondence to:

**Ronald McDonald House Charities of the  
Central Valley, Inc.**  
7797 N. First Street  
PMB #445  
Fresno, CA 93720