

A Night of Grace Ticket Request Form by Mail

Please fill out and send the following form for tickets:

Number of attendees _____

Request to reserve a table for a one time payment of \$480 _____

Names of party attending or donating:

Total enclosed \$ _____

Please make a check payable to **Amazing Gracie's Gift** and mail to:

Amazing Gracie's Gift Foundation
PO Box 134
Mohawk, NY 13407

315-866-8606

