

# 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 \$700 \_\_\_\_\_

Names of party attending or donating:

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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

