

TICKET ORDER FORM

_____ *Individual at \$35*

_____ *Patron at \$75*

_____ *Purple Sponsor at \$250*

_____ *Silver Sponsor at \$500*

**A portion of your ticket price will be tax deductible*

_____ *No, I cannot attend but am enclosing a fully tax deductible contribution*

Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: _____

Email: _____

Enclosed is my check payable to MOAPPP

OR

Credit card (Visa/MC/Discover/AX).

Credit card # _____

Expiration Date _____

Signature _____

Name and address on the card if different than above:

RETURN TO:

MOAPPP

1619 DAYTON AVENUE, SUITE 111, ST. PAUL, MN 55104

ATTENTION: LISA

FAX: 651-644-1417