



Benefiting Dallas Children's Theater
Thursday, April 20, 6-9 PM

INDIVIDUAL TICKET AND RAFFLE FORM

TICKETS

- ☐ I wish to purchase _____ tickets at \$200 each TOTAL: _____
- ☐ I will not be able to attend, but would like to make a gift in the amount of _____

TICKETS TOTAL: _____

RAFFLE TOTAL: _____

GRAND TOTAL: _____

RAFFLE TICKETS

- ☐ I would like to purchase 1 raffle ticket at \$25
- ☐ I would like to purchase 5 raffle tickets at \$100
- ☐ I would like to purchase 20 raffle tickets at \$250
- ☐ I would like to purchase _____ raffle tickets at \$25 each.

TOTAL: _____

CONTACT INFORMATION:

Name

Address

City, State, Zip

Phone

Email

Name as you wish to be recognized

PAYMENT:

☐ Check Enclosed - Payable to Dallas Children's Theater

Charge my ☐ Visa ☐ MasterCard ☐ Amex

Amount: \$ _____

Account Number

Expiration: (MM/YY) _____

Signature

Name as it appears on credit card

Make check payable to: Dallas Children's Theater 5938 Skillman Dallas, Texas 75231

Phone: 214-978-0110 Fax: 214-978-0118

www.dct.org

Sandra Session-Robertson sandra.robertson@dct.org or Michael Gonzales michael.gonzales@dct.org

Tax ID: 75-1967052