



14th Annual Injured Veterans Fundraiser

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

	Quantity	Price	Total Due
Number of Tickets		\$60 each	
Number of Tables		\$500 each (prior to 2/28/17)	
Donation			
Total Due			

Interested in Advertising Space:

Check Enclosed: make check payable to: HFODT

Call for Credit Card Information:

Type of Card: _____ Account Number: _____

Expiration Date: ____ / ____ Security Code: _____