

Chocolate soirée

Tickets will not be mailed. A reservation will be held in your name at the door.
PLEASE RESPOND BY MARCH 23RD.

RESERVATIONS

CHOCOLATE TRUFFLE PATRON \$1,500
4 event admissions, name recognition on event program

CHOCOLATE KISS PATRON \$500
2 event admissions, name recognition on event program

CHOCOLATE MORSEL PATRON \$300
2 event admissions, name recognition on event program

___ # Admissions x \$100 per person \$ ___

Name _____

Guest(s) _____

Unfortunately, we cannot attend. Please accept our donation. \$ ___

GOLDEN TICKET DRAWING

Please see reverse for complete drawing rules and regulations.

Vino Variety _____ tickets x \$50 each \$ ___

Golfer's Dream _____ tickets x \$50 each \$ ___

Visit www.TCMGreenvilleSC.org for photos.

GRAND TOTAL \$ ___

PAYMENT INFO

Check made payable to The Children's Museum of the Upstate

VISA MasterCard AmEx Discover

Expiration Date _____ \ _____ 3-4 Digit Security Code _____

Credit Card No. _____

Name (as it appears on card) _____

Signature _____

Address _____

City _____ State _____ Zip* _____

Required for credit card payment

Phone* _____ Email _____

Required for credit card payment