

YES, I WOULD LIKE TO ATTEND HAIRSPRAY



- I would like _____ Orchestra Front tickets @ \$150.00 each
Total Purchase: \$_____
- I would like _____ Lower Balcony tickets @ \$125.00 each
Total Purchase: \$_____
- I would like to participate in the 50/50 raffle.
- Please fill out your enclosed raffle tickets and return to PPCS

I am unable to attend, however, I would like to make a donation: \$_____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Please charge my Visa, MasterCard or Discover for \$_____

Card Number: _____

Exp. Date: _____ 3 Digit Security Code: _____

Signature: _____

**PLEASE R.S.V.P. BY
APRIL 16, 2009**

Make checks payable to:
Peter & Paul Community Services

For more information or to
reserve your tickets by phone
contact Emily at
314-588-7111 ext. 203
or by E-Mail at
ewanner@ppcsinc.org

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