

Gathering of HOPE

Tables are \$160.00 for 8 persons or \$20.00 per person.

1. Please indicate the total number of tables or tickets you are reserving:

- I am reserving _____ table(s) for the Gathering of Hope on Thursday, April 30, 2020
- I am purchasing _____ tickets at \$20.00 per ticket
- Total due (# of tables x \$160.00 or # of tickets x \$20.00) = \$ _____

2. For Table Reservations:

- I am hosting a table(s)
 - I will fill the table(s) and collect \$20.00 from each guest
 - I will fill the table(s) and pay for all 8 reservations per table

3. I regret that I cannot attend but would like to pledge:

- My pledge information is listed below for a total of \$ _____

4. Please indicate your payment option:

- My check is enclosed (make checks payable to Heartline Pregnancy Center; write "Gathering" in memo line)
- I will collect payment from my guests and mail in when they are collected
- Please call me for credit card information
- Please charge my Visa/Mastercard/Discover/American Express

Card #: _____ CVC#: _____ Exp _____ / _____

Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Mail this form to: 1515 Provident Drive, Ste 180, Warsaw, IN 46580

For more information, call (574) 267-5110 or email at info@heartlinepregnancycenter.org