

Ticket Order/Donation Form - Fourteenth Annual Benefit

Please fill in the requested information, and mail it with your ticket payment and/or donation to the address below. Please make checks payable to:

Deb's IBC Foundation

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Number of tickets requested (\$75.00 each): _____

Number of tables (seats 8) requested (\$560.00 each): _____

Please include a list of names for those who will be attending. The names will be used for verification and seating.

If you cannot attend the event, but wish to make a tax-deductible donation, or if you wish to make an extra donation even if you are attending the event, please fill in the amount below:

Ticket payment enclosed: _____

Donation amount enclosed: _____

Total amount enclosed: _____

If you would like to donate an item for our raffle table or silent auction, please list the item below, and we will contact you with further details.

Donated item: _____

Mailing Address:

**Deb's IBC Foundation
P.O. Box 485
Scherville, IN 46375**

Since we are a registered 501(C)(3) organization, your donation is tax deductible as allowed by law. You will receive a thank you letter with the amount and/or item donated mentioned as proof of your contribution.

Please visit www.debsibcfoundation.com for more information.

Thank you for your continued support!

Debbie Strange-Browne Inflammatory Breast Cancer Foundation