



madison children's museum



Saturday, July 19, 2014

TICKET ORDER FORM

Please complete all information and print clearly.

Last Name: _____

First Name: _____

Address: _____

City, State, ZIP: _____

Email: _____ Phone Number: _____

Number of tickets: _____

Amount enclosed (\$7 each): _____

Don't forget these important steps for your ticket order

NO ORDERS WILL BE ACCEPTED WITH A POSTMARK DATE PRIOR TO MAY 27, 2014

- A stamped, self-addressed, letter-sized return envelope must be included
- Make check or money order payable to MCM Foundation, Inc.
- Mail your order form to:
**American Girl Benefit Sale Tickets
 Madison Children's Museum
 P.O. Box 620185
 Middleton, WI 53562-0185**

Please do not mail ticket order form after July 5, 2014.

For Staff Use Only

Postmark Date: _____

Entry Time: _____

Ticket #: _____

Free Ticket

Date Mailed: _____

Returned Check

Check #: _____

Deposit Date: _____

Initials: _____