

PAYMENT

CHECK INFORMATION

Payment is enclosed in the amount of \$ _____ check # _____

PLEASE MAKE CHECK PAYABLE TO:
MONASTERY OF THE BLESSED SACRAMENT

CREDIT CARD INFORMATION

TYPE _____ EXPIRES _____
(VISA, MC, AE, DISCOVER)

NUMBER _____ 3-DIGIT CODE _____
(ON BACK OF CARD)

NAME ON CARD _____
(PLEASE PRINT)

SIGNATURE _____

ADDRESS _____

MAIL TO

MONASTERY OF THE BLESSED SACRAMENT
P.O. BOX 3280
FARMINGTON HILLS, MI 48334

ALL TICKET/SPONSORSHIP REQUESTS MUST BE RECEIVED BY OCTOBER 20, 2017
AD MATERIALS MUST BE RECEIVED BY OCTOBER 15, 2017
EMAIL AD MATERIALS TO: monasteryoftheblessedsacrament@gmail.com
RESERVATIONS MUST BE PAID IN ADVANCE

PLEASE DO NOT SEND CASH

COMPANY / GUEST INFORMATION

REGISTRATION INFORMATION

NAME _____
(PLEASE PRINT)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

INDIVIDUALS ATTENDING

Please PRINT below the names of the individuals who will be attending

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

NO RESERVATIONS WILL BE MADE AT THE DOOR
A PORTION OF THE TICKET MAY BE TAX DEDUCTIBLE
PLEASE CONSULT YOUR TAX ADVISOR