



Ticket # _____
for staff use

Lower Providence Community Library
Las Vegas Night
November 10, 2018
7:00—10:00 p.m.

Name: _____

Address: _____

Phone: _____ Email: _____

Number of tickets: _____ I will pick up ticket(s) at library _____

Please mail ticket(s) to me _____

\$50.00 per person in advance

\$55.00 at the door

I am unable to attend but enclosed is my contribution of \$_____.

Payment Method:

___ Check (*Please make payable to Lower Providence Community Library.*)

Credit card: ___ Visa ___ Mastercard ___ AMEX ___ Discover

Card number: _____ Expiration date: _____

Signature: _____

Please mail form with payment to the library or deliver to the library's front desk.

Lower Providence Community Library
ATTN: Sandy Grady
50 Parklane Drive
Eagleville, PA 19403