



JUVENILE DIABETES RESEARCH FOUNDATION

Promise Ball *27th* MAY 4, 2012

TICKET ORDER FORM

Please fill out and return the following information to:

**Juvenile Diabetes Research Foundation
Metro Detroit & S.E. MI Chapter
24359 Northwestern Hwy., Suite 225
Southfield, MI 48075**

Phone: (248) 355-1133
Fax: (248) 355-1188
Email: skossik@jdrf.org

Name _____ Title _____

Company _____

Address _____

City _____ Zip Code _____

Phone _____ Fax _____ Email _____

(Please write quantity in box)

<input type="checkbox"/>	Benefactor Ticket -- \$375 each Includes cocktails, dinner, entertainment, and name listed as Research Benefactor on signage at event. _____ <i>Name as you would like it to appear on event signage</i>
<input type="checkbox"/>	Benefactor Table of 10 Guests -- \$3,650 Includes cocktails, dinner, entertainment, and name listed as Research Benefactor on signage at event. _____ <i>Name as you would like it to appear on event signage</i>
<input type="checkbox"/>	Patron Ticket -- \$275 each Includes cocktails, dinner and entertainment.
<input type="checkbox"/>	Patron Table of 10 Guests -- \$2,650 Includes cocktails, dinner and entertainment.

Enclosed is my check in the amount of
\$ _____
Make payable to: Juvenile Diabetes Research Foundation

Please charge my (check one)

Visa American Express
 MasterCard Discover

Card Number

Exp. Date ____/____/____

Card Holder Name

Authorization Signature

Thank you for your support of the
2012 Promise Ball!