



THROUGH THE LENS OF HOPE

An evening Benefitting the Center for Loss and Bereavement

EVENT RESERVATION FORM

_____ INDIVIDUAL TICKETS @ \$65

If purchasing more than one ticket please list the names of the names of your guests for check in:

UNABLE TO ATTEND BUT I WOULD LIKE TO MAKE A DONATION IN THE AMOUNT OF _____

TOTAL AMOUNT: _____

CONTACT INFORMATION

Name: _____ Company: _____

Address: _____

City, State Zip: _____

Phone: _____ E-mail: _____

METHOD OF PAYMENT

Credit Card: Visa Master Card American Express

Name : _____ Card Number: _____

Exp. Date: _____ Signature: _____

Billing Address (if different then above) _____

Amount to be charged to card \$ _____

Check: Amount Enclosed \$ _____

Please make checks payable to: *The Center for Loss and Bereavement*

Please submit completed form to
Donna Piergallini dp@bereavementcenter.org

Or mail to:
The Center for Loss and Bereavement
Attn: Through the Lens of Hope Events
3847 Skippack Pike, PO Box 1299, Skippack, PA 19474