



Fundraiser Order Form

ACCT #:	DATE:	

CONTACT INFORMATION:		
YOUR NAME:		
YOUR ADDRESS:		
CITY/STATE/ <mark>ZIP:</mark>		
PHONE:	E-MAIL:	
SCHOOL/ORGANIZATION:		
REQUESTED DATE:		
DAY/DATE:	TIME:	
* Each ticket purchased earns your school/organiz * Groups wanting to sit together must order together	ization \$5 * Ticket prices below include the \$5 donation her	
# OF TICKETS: x PRICE LE	EVEL: =TOTAL:	
# OF TICKETS: x PRICE LE	EVEL: =TOTAL:	
I would like to receive my tickets via: Email Will	l Call Mail (+\$2)	
SEATING PREFERENCE:	GRAND TOTAL:	
[]ORCHESTRA []BALCONY	[] BEST AVAILABLE [] ACCESSIBILITY NEEDS	
Victoria Theatre		
Saturday, December 21, 2024 2:30 pm	All Seats \$37.00	
CREDIT CARD PAYMENT INFORMATION:		
CARD NUMBER:	EXP. DATE: CVV#:	
NAME ON CARD:	AMOUNT TO BE CHARGED:	

TERMS AND CONDITIONS: Thank you for your order! All orders require full payment at the time of the reservation. Tickets are subject to availability. ALL SALES ARE FINAL. No refunds or exchanges. All dates, shows, prices and times are subject to change without notice. THANK YOU!

HOW TO PLACE AN ORDER: Fax/Email form to Betty Gould: 937/977-7160 or betty.gould@daytonlive.org