



Tables are \$160.00 for 8 persons or \$20.00 per person.

1. Please indicate the total number of tables or tickets you are reserving:

- I am reserving \_\_\_\_\_ table(s) for the Gathering of Hope, April 25, 2019
- I am purchasing \_\_\_\_\_ tickets at \$20.00 per ticket
- Total due (# of tables x \$160.00 or # of tickets x \$20.00) = \_\_\_\_\_

2. For Table Reservations:

- I am hosting a table (s)
  - I will fill the table (s) and collect \$20.00 from each guest
  - I will fill the table (s) and pay for all 8 reservations per table

3. I regret that I cannot attend, but would like to pledge.

- My pledge information is listed below for a total of: \_\_\_\_\_

4. Please indicate your payment option:

- My check is enclosed (make check payable to Heartline Pregnancy Center, write "Gathering" in memo line)
- I will collect payment from my guests and mail in when they are collected
- Please call me for credit card information
- Please charge my Visa/Mastercard/Discover/American Express

Card # \_\_\_\_\_ CVC# \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mail this form to: 1515 Provident Drive, Ste 180, Warsaw, IN 46580

For more information call (574) 267-5110 or email at [info@heartlinepregnancycenter.org](mailto:info@heartlinepregnancycenter.org)