



*25TH ANNIVERSARY CELEBRATION
BANQUET TICKET RESERVATION FORM
NOVEMBER 16, 2007
7:00 P.M.*

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email _____

Please reserve _____ tickets at a cost of \$50.00 per ticket

If paying by CHECK, please make your checks payable to:

FAMILY LIFE CENTER FOUNDATION, INC.

If paying by credit card, please complete the information below:

CARD TYPE: VISA _____ MasterCard _____ Amount _____

Account Number _____ Exp. Date _____

Name on Card: _____

Billing Address (if different than above address): _____

City: _____ State: _____ Zip: _____

Signature _____

Tickets can be picked up the following week after reservations have been made from the Event Center, mailed to the address listed above or held for pickup the night of the event. Please specify: Mail _____ Hold for pick up _____

MAIL, FAX or EMAIL FORM TO:

**FAMILY LIFE CENTER FOUNDATION GALA * 1510 Ninth Street NW * Washington, DC 20001 *
Attn: Eddie Witten* Fax: 202-234-6235 * Email: flc@shilohflc.org**