

War Memorial Center
750 North Lincoln Memorial Drive, Suite 315
Milwaukee, WI 53202 (414) 273-5533

July 3rd, 2018 Fireworks Tickets

Purchase Form (Credit Card)

See reverse side to purchase with Check/Cash

Complete form, enclose payment, and mail to address above

OR

Bring completed form to purchase tickets in person at the office Monday – Friday, 9:00 a.m. – 4:30 p.m.

We impose a surcharge of 2.5% on credit card transactions which is not greater than our cost of acceptance.

NO REFUNDS * EVENT IS HELD RAIN OR SHINE

EVERYONE MUST HAVE A TICKET * PARKING IS NOT INCLUDED

How did you hear about our event? _____

Add your name to our mailing list for next year? ___ Yes ___ No

Name (PLEASE PRINT): _____

Address: _____

City, State, Zip: _____ Phone #: _____

E-mail address: _____

Seating requests are subject to War Memorial Center's discretion. Individual tickets must be purchased together to be seated together.

\$ _____ for ___ table(s) of 8 @ \$369.50 per table (\$340.91 plus \$9.00 surcharge plus \$19.59 sales tax)

\$ _____ for ___ table(s) of 10 @ \$461.88 per table (\$426.14 plus \$11.25 surcharge plus \$24.49 sales tax)

\$ _____ for ___ individual tickets @ \$51.32 each (\$47.35 plus \$1.25 surcharge plus \$2.72 sales tax)
(Maximum six (6) individual tickets may be purchased)

\$ _____ Mailing Fee \$20.53 per table or for individual tickets (\$18.94 plus \$0.50 surcharge plus \$1.09 sales tax)

There is no mailing fee when purchasing tickets at the office, Monday-Friday, 9:00 a.m. – 4:30 p.m.

DONATE to the War Memorial Center – earned income covers just over half of the War Memorial's operating expenses making contributed income essential to our survival.

Please consider a tax-deductible contribution of \$10 to the War Memorial with your ticket purchase.

\$ _____ Optional Donation

\$ _____ **TOTAL AMOUNT DUE**

I authorize the War Memorial Center to charge my credit card \$ _____

VISA / MASTERCARD Expiration Date: _____ / _____ Security Code: _____
(circle one)

Credit card # - - -

Signature of Cardholder: _____

Note: name and address listed above must be the name and billing address of credit card holder.

FOR OFFICE USE:

Ticket Numbers Issued: _____ – _____

CTN: _____

Staff: _____ Date: _____

SPECIAL NOTES: _____

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How did you hear about our event? _____

Add your name to our mailing list for next year? ___ Yes ___ No

Name (PLEASE PRINT): _____

Address: _____

City, State, Zip: _____ Phone #: _____

E-mail address: _____

Seating requests are subject to War Memorial Center's discretion. Individual tickets must be purchased together to be seated together.

\$ _____ for ___ table(s) of 8 @ \$360.00 per table (\$340.91 plus \$19.09 sales tax)

\$ _____ for ___ table(s) of 10 @ \$450.00 per table (\$426.14 plus \$23.86 sales tax)

\$ _____ for ___ individual tickets @ \$50.00 each (\$47.35 plus \$2.65 sales tax)

(Maximum six (6) individual tickets may be purchased)

\$ _____ Mailing Fee \$20.00 per table or for individual tickets (\$18.94 plus \$1.06 sales tax)

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