



Referred by: _____

Ticket Form

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

_____ of tickets at \$125 each (includes 2 people) Insurance is an additional \$25 per ticket
Early Bird Special: FREE INSURANCE (ends December 31st)

Total \$ _____

Would you like to split the winnings with your proxy?

Circle one:

1/4 1/3 1/2 "I want it all"

CASH

CHECK

CREDIT CARD

Check # _____

*Make checks payable to Mississippi Community Education Center

Credit Card (Check Card Type)

____ Visa

____ Discover

____ MasterCard

____ American Express

Name on Card _____

Card Number _____ Expiration Date _____

CVC: _____ Signature: _____

Please make checks out to the Mississippi Community Education Center, a 501 (c) 3 non-profit organization. All ticket purchases are deductible up to the amount allowed by the Internal Revenue Service.



Turn in this form with your payment to the front office or mail to Mississippi Community Education Center 2525 Lakeward Drive, Suite 200, Jackson, MS 39216.

To benefit New Summit School and Spectrum Academy & Clinical Services

1417 Lelia Drive • Jackson, MS 39216 • 601.982.7827