

ticket

An event ticket will be mailed to the address below upon receiving this ticket order form.

Name _____
(Please Print)

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

No. of tickets _____ **Payment:** **Check** **Cash**

make check payable to South Central Health Care Foundation *TICKET PRICE: \$30 EACH

PLEASE RETURN THIS TICKET ORDER FORM WITH PAYMENT TO:

ATTN: BROOK BURROUGHS

ART OF HEALING

SOUTH CENTRAL HEALTH CARE FOUNDATION

P.O. BOX 4152

LAUREL, MS 39441