

2010 BROADWAY BALL
Saturday, October 16
Reservation Form

Enclosed is our contribution to support the 2010 Broadway Ball benefiting the
David A. Straz, Jr. Center for the Performing Arts.

- Reserve _____ PATRON tickets at \$500 each.
- I will be unable to attend, but wish to show my support with the enclosed contribution of \$_____

Seating is on a first served basis.

- Enclosed is a check for \$_____. (Please make payable to Straz Center for the Performing Arts)
- Please charge \$_____ to my:
___VISA ___MASTERCARD ___DISCOVER ___AMERICAN EXPRESS

Credit Card Number

Expiration Date

Cardholder Signature

CONTACT/NAME

COMPANY NAME (if applicable)

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

E-MAIL

**Please print your name or the name of your corporation as you would like it
acknowledged in the invitation and program.**

The Straz Center is very grateful for your support.

Please return this form to: Sharon McDonald; Straz Center for the Performing Arts; P.O. Box 518; Tampa, FL 33601 or fax to 813-222-1057.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. ESTIMATED FAIR MARKET VALUE OF EACH TICKET IS \$50.