

SOULFUL SOUNDS OF CHRISTMAS TICKET XX ORDER FORM

Please send me the following tickets:

	Price	Quantity	Total
<input type="checkbox"/> General Public	\$18		
<input type="checkbox"/> Senior Citizen	\$15		
<input type="checkbox"/> Students/Children	\$12		
TOTAL			

Please check the method of payment you prefer:

Visa

MasterCard

Check
*make checks
 payable to Veneē
 Outreach
 Ministries*

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_____/_____
 Exp. Date

 Name

 Address

 City

 State

 Zip

 Phone

 Email (optional)

 Signature

I here by authorize Veneē Outreach Ministries to charge my card for the total amount listed above for the purchase of **Soulful Sounds of Christmas XX** concert tickets. Please mail all checks and credit card forms back to Veneē Outreach Ministries, PO Box 33862, Seattle, WA 98133.