



### Ticket Order Form

Number of Tickets	\$35.00 each	Total
	x \$35.00	

#### **Ticket Information**

Name for Will Call: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Billing Information**

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

#### **Payment Method**

\_\_\_\_\_ Cash                      \_\_\_\_\_ Check                      \_\_\_\_\_ Credit Card

\*Make Checks Payable to Children of the World, Inc.

#### **Credit Card Authorization**

☐ I authorize a one-time charge against my credit card for the follow amount \$ \_\_\_\_\_

**\*\* A 3.5% service charge will be added to all credit card payments**

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Scan and Email to [marybeth@childrenoftheworld.com](mailto:marybeth@childrenoftheworld.com)  
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