



Ticket Form

May 2, 2019 * 6:00 PM * Atlantic Station

A night of fun and awareness to benefit youth in foster care and families in crisis including reception, silent auction and recognition of Shining Stars.

TICKET FORM

Thank you for your support of A Starry Night and the youth and families that MAAC serves. (Please complete this form and either fax, mail or e-mail it to the address below.)*

- Sparkle \$500*
 - ★ 4 Tickets to A Starry Night
 - ★ Recognition on all materials including invitation, pre-event marketing, MAAC website and social media
 - ★ Host gift
- Host Committee \$250*
 - ★ 2 Tickets to A Starry Night
 - ★ Listing on the invitation and recognition at the event
 - ★ Host gift
- Individual Tickets \$75 (\$100 at the door)
- Unfortunately we cannot attend but would like to support youth in care and the work of MAAC by making a donation.

Host/Sponsor listed as: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Amount: _____ Check Included Please Bill Me Please charge my credit card using the information below.

Name on Card: _____

Card Number: _____ Exp. Date: _____ CVV Code (3 digits on back) _____

Billing Address: _____ Billing Zip: _____

Authorized Signature: _____ Date: _____

***Sponsors and Hosts: To be listed on the invitation, please contact us by March 1st.**



THE MULTI-AGENCY ALLIANCE FOR CHILDREN, INC. (MAAC) IS A 501(C)(3) TAX-EXEMPT ORGANIZATION AND YOUR GIFT IS TAX DEDUCTIBLE AS ALLOWED BY LAW.

OUR TAX ID # IS 58-2374925. PLEASE USE THIS DOCUMENT AS A TAX RECEIPT FOR YOUR DONATION.
225 PEACHTREE STREET NE, SUITE 900 * ATLANTA, GA 30303 * PHONE 404-880-9323 * FAX 404-880-9325 *
EMAIL: BLEA@MAAC4KIDS.ORG