

COURT SIDE MINISTRIES

PLEASE COMPLETE AND RETURN BY OCTOBER 20th.

INDIVIDUAL TICKETS

Number of Tickets: _____ x \$70 per ticket.

TABLE - 10 SEATS

Number of Tables: _____ x \$700 per table.

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

SCHOLARSHIP SEATS

We would like to offer some individuals who have been personally impacted by Courtside Ministries a scholarship to attend the banquet. If you can help make this possible please indicate below.

Number of Scholarship Seats: _____ x \$70 per seat.

Contribution to Scholarship fund: \$ _____.

If unable to attend, please prayerfully consider a general donation: \$ _____

-Make checks payable and mail to 'Courtside Ministries'

1 N. LaSalle, Suite 600 Chicago, IL 60602

-OR Complete Credit Card Information Below:

Card Number: _____

Expiration: _____ Code on Back: _____ Zip: _____

Name on Card: _____

Questions? Call 719.661.9338 or e-mail courtsidemin@gmail.com

Thank you for your generous support. All Donations are Tax Deductible.