



**champions
for children's**

tuesday, december 1, 2015

5:30 p.m. Silent Auction and Reception
6:30 p.m. Dinner and Live Auction
Seaport World Trade Center
for info, call (617) 355-4332

Single Ticket Purchase Form

Guest Name _____

Title _____

Company _____

Street _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

E-mail _____

Assistant Name _____ **Phone** _____

Additional Guest Names _____

I would like to purchase: _____ **# of tickets at \$1,500 each.** **Total: \$** _____

I would like to pay by: _____ **check** (enclosed – made payable to Boston Children’s Hospital)

_____ **credit card:** MasterCard Discover Visa American Express

Account Number: _____ Exp Date: _____

Name (as it appears on your card): _____

Signature: _____

for reservations, return form by fax/e-mail:

(617) 355-6530
danielle.lueger@chtrust.org

for payment, mail check to:

Champions for Children’s
Attn: Danielle Lueger
Boston Children’s Hospital Trust
401 Park Drive, Suite 602
Boston, MA 02215-3354

(Please make checks payable to Boston Children’s Hospital and mail with a copy of this form by November 13.)