

**Ticket Order/Donation Form - Tenth Annual Winter Benefit**

Please fill in the requested information, and mail it with your ticket payment and/or donation to the address below. Please make checks payable to:

**Deb's IBC Foundation**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Number of tickets requested (\$75.00 each): \_\_\_\_\_

Number of tables (seats 10) requested (\$700.00 each): \_\_\_\_\_

**Please include a list of names for those who will be attending. The names will be used for verification and seating.**

If you cannot attend the event, but wish to make a tax-deductible donation, or if you wish to make an extra donation even if you are attending the event, please fill in the amount below:

Ticket payment enclosed: \_\_\_\_\_

Donation amount enclosed: \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_

If you would like to donate an item for our raffle table or silent auction, please list the item below, and we will contact you with further details.

Donated item: \_\_\_\_\_

Mailing Address:

**Deb's IBC Foundation  
P.O. Box 485  
Scherverville, IN 46375**

Since we are a registered 501(C)(3) organization, your donation is tax deductible as allowed by law. You will receive a thank you letter with the amount and/or item donated mentioned as proof of your contribution.

Please visit [www.debsibcfoundation.com](http://www.debsibcfoundation.com) for more information.

Thank you for your continued support!

***Debbie Strange-Browne Inflammatory Breast Cancer Foundation***