

CENTER CITY VISION AWARDS

Thursday, April 11, 2019 | Table Purchase Order Form

I would like to purchase a table (10 tickets) @ \$1,500.00

I would like to purchase _____ tickets @ \$150.00 per person

Company Name as you would like it listed in program

Address

City

State

Zip Code

Contact Name

Email Address

Phone Number

Prefer to pay via:

Check

Visa

Mastercard

Request an invoice

Name on Credit Card

Credit Card Number

Expiration Date

Security Code

Billing Address (If different from above)

Please email this completed form to Margo Goodale at mgoodale@charlottecentercity.org or fax to the secure accounting line at **704-919-5939**. If you have any questions, please contact Margo Goodale.

If submitting a check, please make it payable to:

Charlotte Center City Partners

Attn: Eleni Saunders

200 South Tryon Street, Suite 1600

Charlotte, NC 28202

Charlotte Center City Partners is a 501(c)4. No portion of the table or ticket purchase is tax deductible.