



11th ANNUAL PRAYER BREAKFAST

Saturday, April 25, 2015

SPEAKER: REV. DR. CALVIN BUTTS

Ticket Price: \$55 per person

Prayer Breakfast Order Form

(PLEASE PRINT CLEARLY)

NAME: _____

PHONE: (____) _____ EMAIL: _____@_____

I would like to purchase: FULL TABLE(S) OF TEN or SINGLE TICKET(S). *Please circle one*

QUANTITY: TABLE(S) _____ TICKET(S): _____

Would you like for us to select your table: _____ Yes _____ No

Please list your guests below (Including yourself, if applicable):

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

METHOD OF PAYMENT: _____ CHECK _____ CASH _____ MONEY ORDER

TOTAL AMOUNT ENCLOSED: \$ _____

MAKE CHECKS PAYABLE TO:
DELTA SIGMA THETA SORORITY, INC.
PO BOX 2356
BALA CYNWYD, PA 19004

For additional information, please email us at fundraising@phillyalumnae-dst.org

PLEASE DO NOT WRITE BELOW THIS LINE

TABLE NUMBER(S): _____ TICKET NUMBER(S) _____ DATE SUBMITTED: _____ CHECK #: _____