



TICKET REPLY CARD

Name: _____

Company: _____

Address: _____

Telephone #: _____

Email Address: _____

Ticket	Price	# of Tickets	Amount
Regular	\$75		\$
Seniors & Students	\$35		\$
Total			\$

I want to donate: \$ _____

I want my donation
anonymous

NAME OF ATTENDEES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To pay online, visit www.cmaalowell.org/35th | For more information, call 978-454-6200

Please mail completed card & check to CMAA, 465 School Street, Lowell, MA 01851

Thank you for your generous support!