

Please print this page and mail your completed form and payment to:
Mrs. Sarah Anderson
59 Belvoir Road
Williamsville, NY 14221

Holiday Celebration 2009

TICKET ORDER FORM

Name: _____

Address: _____

City/State: _____

Zip: _____

Phone: _____

Seat me with: _____

Number of guests: _____ at \$45 each

TOTAL AMOUNT ENCLOSED \$ _____

_____ Enclosed is my check payable to: Amherst Museum Board of Trustees

_____ Please charge my: Visa – MasterCard – Discover (please circle one)

Cardholder's name: _____

Credit card #: _____

Expiration date: _____

Signature: _____

All reservations must be made by November 20, 2009.