



Interfaith Hospitality Network
Of Ocean County
Gift Auction Ticket
November 3, 2017

Gift Auction Ticket Request Form

Name: _____

Address (where the tickets will be mailed):

Street: _____

Town: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Tickets include a 3-course dinner and 10 free basket raffle tickets. Please indicate the number of tickets requested below:

Chicken Francaise: _____

Broiled flounder: _____

Total number of tickets at \$45 each: _____

Total payment enclosed: \$ _____

Tables seat 10-12. If ordering tickets individually, please indicate if there is a particular group/individual with which you request being seated:

We will make every effort to accommodate your request.

Please mail this form with a check made payable to "IHNOG" to:

IHNOG
407 Lexington Ave
Toms River NJ, 08753

Tickets are available through **October 23, 2017**

A Community Response for Homeless Families