



**Fill out the form below and mail with payment to:**

United Way of Orleans County  
PO Box 188  
Medina, NY 14103

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

# of Tickets requested \_\_\_\_\_ Amount enclosed (\$12.00 per ticket) \_\_\_\_\_

**If you would like your tickets mailed to you, please included  
a self-addressed stamped envelope otherwise your tickets will be emailed to  
you once payment has cleared.**

**Thank you for your support!**



**United Way of Orleans County**