



INDIVIDUAL TICKET FORM

FRIDAY, OCTOBER 5, 2018 | RADISSON BLU MALL OF AMERICA | BLOOMINGTON

We're glad you can join us! Please complete the form below to purchase individual tickets to the OneSmile Gala.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Tickets

Number of Tickets _____ at \$150/ticket = _____ Total

Names of guests, notes, food allergies, etc. _____

PLEASE RETURN THIS FORM TO: Minnesota Dental Foundation
1335 Industrial Boulevard, Suite 200
Minneapolis, MN 55413
612.767.8400
Federal Tax ID: 41-1927049

Payment Information

Check Enclosed (*payable to Minnesota Dental Foundation*)

Mastercard Visa American Express

Name of Cardholder _____

Card Number _____ Exp. Date _____ CVV Code _____

Cardholder Signature _____

Billing Information *(if different than above)*

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Together, we CAN make a difference!