

Taste of the Eastern Shore 2019

Individual Tickets

Number of tickets
at \$80 per ticket

Name/Organization (1)

Name/Organization (2)

Name/Organization (3)

Name/Organization (4)

Name/Organization (5)

Name/Organization (6)

Pay by:

Invoice Check # _____ Credit Card (see below)

Signature

Printed Name

I authorize the Tri-County Foundation to charge my credit card \$ _____ for individual tickets
for the 2019 "Taste of the Eastern Shore" Legislative Event.

VISA/MASTERCARD #: _____

Security Code: _____ Exp. Date: _____

Cardholder Name: _____

Billing Address (Street, City, State and Zip Code):

***** Individual ticket purchase non-refundable.*****

Signature

Please e-mail completed form to info@totesmd.org, or mail to:
Tri-County Council Foundation
31901 Tri-County Way, Suite 201
Salisbury, MD 21804

TCCF USE ONLY

Date Paid _____ Amount Paid _____ Initials _____