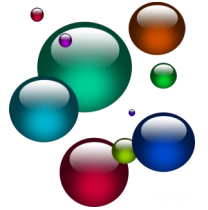




*Hispanic Women's Council
2017 Masquerade Charity Ball
Ticket Order Form*



_____ tickets @ \$100* _____ table(s) of 10 @ \$1,000*

Enclosed is \$ _____ for _____ ticket(s) or _____ table(s) of 10

I cannot attend but would like to support the HWC Scholarship Fund
by donating \$50 _____ \$100 _____ \$150 _____ \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ EMail _____

_____ check enclosed (payable to Hispanic Women's Council)

_____ credit card # _____

Expiration date _____

Signature _____

Or, purchase tickets online: www.nmhwc.com

PREPAYMENT REQUIRED

Please respond by
October 18, 2017

Tickets held at the door.

Please list name(s) of your guest(s)

Please complete this form and mail to: HWC, P. O. Box 27271, Albuquerque, NM 87107

*Tax-deductible portion is \$65 (\$650 for table of 10); please consult your tax adviser.