



Payment

Enclosed check payable to ACAF

Credit Card (Visa/MC/AmEx)

Credit Card# _____

Expiration: _____ CV: _____
(3 digit code)

Zip Code: _____

Signature: _____

Not attending,
but wish to donate:

\$ _____



Order Tickets Online

www.AnimalCareFund.org



More Information

Contact Jessica

jbalogh@pvs-ec.com or 412.348.2588

Yes! I'm ALL IN!

(Kindly respond by October 24)

Number attending at \$100/person _____ **Total \$** _____

Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Phone: _____

(All fields required)

Names of Attendees

(No actual tickets dispersed. Guests check in by name.)

_____	_____
_____	_____
_____	_____
_____	_____