





SPECIAL INSTRUCTIONS / COMMENTS:  BILLING INFORMATION (PAYMENTS MUST BE RECEIVED TO BE LISTED IN PRINTED MATERIALS)  Check - Enclosed is my check for \$  Make checks payable to the Sangre de Cristo Arts & Conference Center.  Credit Card Account #  CVV Code EXP. Date  Name and billing address as it appears on card:	O Table for 10 People:	
□ Donation Only (No ticket or sponsorship desired):  >	following names for your table if available or lea	ve a contact name, email or number if no names are listed)
□ Donation Only (No ticket or sponsorship desired):  3:  TOTAL AMOUNT TO BE BILLED: \$  SPECIAL INSTRUCTIONS / COMMENTS:  BILLING INFORMATION (PAYMENTS MUST BE RECEIVED TO BE LISTED IN PRINTED MATERIALS)  □ Check - Enclosed is my check for \$  Make checks payable to the Sangre de Cristo Arts & Conference Center.  □ Credit Card Account #  CVV Code EXP. Date  Name and billing address as it appears on card:  □ Donor's Signature:  □ Date:		
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Donor's Signature: Date:	t Card Account #	CVV Code EAR. Date/
		CVV Code EAF. Date/
PLEASE NOTE: DEADLINE FOR INCLUSION IN INVITATION IS APRIL 25, 2025 AND FOR PROGRAM IS MAY		CVV Code EAF. Date/
	d billing address as it appears on card:	Date:
SIGN AND MAIL, E-MAIL, OR FAX ORIGINAL FORM TO: Attn: Guest Services	d billing address as it appears on card:	Date:
Tax I.D. # 84-0624551 Sangre de Cristo Arts and Conference Center	d billing address as it appears on card:  Signature:  NOTE: DEADLINE FOR INCLUSION IN INVITATI	Date: ON IS APRIL 25, 2025 AND FOR PROGRAM IS MAY 16, 2025
COST OF THE MEAL IS \$60. THE REMAINDER OF THE TICKET COST 210 N. Santa Fe Ave.  MAY BE TAX DEDUCTIBLE. DONATIONS OF \$250 OR MORE MAY  P. 11 CO. 21022	d billing address as it appears on card:  Signature:  NOTE: DEADLINE FOR INCLUSION IN INVITATION MAIL, E-MAIL, OR FAX ORIGINAL FORM TO:	Date: ON IS APRIL 25, 2025 AND FOR PROGRAM IS MAY 16, 2025 Attn: Guest Services
QUALIFY FOR AN ENTERPRISE ZONE TAX CREDIT.  PLEASE CHECK WITH YOUR TAX ADVISOR  Pueblo, CO. 81003  E-mail: guestservices@sdc-arts.org   Phone: 719.2	d billing address as it appears on card:  Signature:  NOTE: DEADLINE FOR INCLUSION IN INVITATI D MAIL, E-MAIL, OR FAX ORIGINAL FORM TO: # 84-0624551  HE MEAL IS \$60. THE REMAINDER OF THE TICKET COST	Date: ON IS APRIL 25, 2025 AND FOR PROGRAM IS MAY 16, 2025 Attn: Guest Services Sangre de Cristo Arts and Conference Center

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