Horse Power Healing Center, Inc FUNDRAISING ORDER FORM

Deadline December 9, 2017

Note:Tickets will arrive in time for Christmas

MARCUS THEATRES FUNDRAISER

Phone: (262) 594-3667
Fax: (262)594-5136
Email: info@horsepowerhealingcenter.com
Website: www.horsepowerhealingcenter.com

Please mail/fax/email to:
Horse Power Healing Center
S101 W34628 County Road LO
Eagle, WI 53119

Name: **First:** _____ **Last:** _____

Address (NO PO Boxes): _____ **Suite#:** _____

City: _____ **State:** _____ **Zip Code**: _____

Phone: _____

E-mail Address: _____

You will be notified when to pick up your tickets at Horse Power Healing Center and tickets will arrive before Dec. 25th.

If you would like to have your tickets mailed please check here _____.

Discount Movie Tickets & Gift Cards/Certificates:

*Diamond Discount Tickets -- Valid for All Movies, All the Time!**

Platinum Discount Tickets - Save up to 22% Box Office Prices

Quantity		Cost/Ticket		Total
_____	x	**$8.50**	=	_____

● Not valid for any feature listed as Alt Content or VIP Seating. 3D and D-Box surcharges apply when applicable

Quantity		Cost/Item		Total
_____	x	**$6.50**	=	_____

Silver Discount Tickets - Save up to 41% Off Box Office Prices

● Not valid for any feature listed as an Extra Special Attraction (X), VIP Seating or for movies beginning after When valid, 3D surcharge applies

Gift Cards

● Valid for movie tickets and food or beverage items at Marcus Theatres.

● No expiration dates or fees

_____	x	**$10.00**	=	_____
_____	x	**$25.00**	=	_____

Discount Tickets: If restricted, tickets may be exchanged for its face value toward the purchase of any full priced admission ticket.

Grand Total _____

Sell $300.00 or more in tickets and recieve two or more additional free movie tickets.
Seller must include a copy of the tally sheet.

Complimentary Snack Cash

To sweeten the deal, you will receive one FREE snack cash voucher – good for $3 off your next concession stand purchase – with every two Discount Platinum or Discount Silver tickets purchased. Satisfy your hunger AND your wallet! Expiration dates apply.

Payment by *Credit Card* : Fax or Mail

(Check one) ☐ VISA ☐ MasterCard

Enter Credit Card Number Above

Expiration Date ____ / ____

CVC # _____

Cardholder Signature: _____

Payment by *Check* or *Money Order* : Mail

☐ **Check** or **Money Order**

Please make all checks payable to:
Horse Power Healing Center