

# JEWISHFILM.2007

## TICKET ORDER FORM

**Name** \_\_\_\_\_  
 (as it appears on credit card)

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Day Time Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

FILM TITLE / J FLIX PASS	DATE	NO./TIX	PRICE/TIX	TOTAL
<b>Ticket Delivery</b> Tickets will be mailed to the address given above, unless alternate instructions are given. Orders received 7 days or less prior to screening will be placed at Will Call.				<b>SUBTOTAL</b>
<b>DONATION (Thank You!)</b>				
<b>GRAND TOTAL</b>				

**Form of Payment**

- My check payment is enclosed (payable to National Center for Jewish Film)
- Please charge my MC or Visa (credit card orders will be charged a handling fee of \$1 per ticket)

\_\_\_\_\_  
**MC or Visa**                      **Credit Card Number**                      **Expiration Date**

\_\_\_\_\_  
**Signature**