



YES, please reserve _____ tickets at \$75 per person, or \$140 per couple

\$ _____ enclosed, or to be charged (see below)

NO, I/we cannot attend, but enclosed is a gift of \$ _____ to support the works of Arizona Natural History Museum Foundation

Name(s): _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

(This information is for the use of the Museum only)

METHODS OF PAYMENT

1. Please make checks payable to *Arizona Museum of Natural History Foundation* and return this reply card by March 1, 2010

2. Payments may be made with PayPal at the Museum's Web site **AzMNH.org**

3. Or, enter your credit card information below:

Visa MasterCard Discovery Card American Express

Card Number: ____-____-____-____ \ ____-____-____ \ ____-____-____ \ ____-____-____ Security Number: _____

Expiration Date: _____ Name on Card (please print): _____

Signature Required: _____

For information call the Arizona Adventure office at 480-644-5833 or e-mail at **AzAdventure@mesaaz.gov**
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