Celebrating
Malta House of Care
20 years!

20th Anniversary Celebration Ticket Form

YES, we are pleased to join the celebration for Malta's 20th Anniversary event and support access to healthcare for all!

First Name: _____ Last Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Tickets

Number of Tickets: _____ x $125 each = Total enclosed $_____

Guest Names for Registration List

First: _____Last:_____ First: _____Last:_____

Email: _____ Email: _____

First: _____Last:_____ First: _____Last:_____

Email: _____ Email: _____

Payment: ❑ Check enclosed made payable to Malta House of Care

❑ Credit Card info below

Credit Card No.: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code _____

Signature: _____

Please return completed form to Betsy Walsh at bwalsh@maltahouseofcare.org
Please make checks payable to Malta House of Care and mail to:
136 Farmington Avenue Hartford, CT 06105