



## TICKET REGISTRATION FORM

***Yes!** We want to support the John B. "Bertie" Cruz, Jr. Scholarship Endowment Gala!*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Tickets:

**Quantity:** \_\_\_\_\_ tickets x **\$150 each** = \$ \_\_\_\_\_

**Total Amount Enclosed:** \_\_\_\_\_

- We are not able to attend but would like to donate \$ \_\_\_\_\_ to help support the John B. "Bertie" Cruz, Jr. Scholarship Endowment Gala.

Please mail or fax this form to: CRUZ CARES c/o Cruz Management Office

434 Massachusetts Avenue, Ste 300, Boston, MA 02118

Fax: (617) 236-7182

*Your donation may be tax deductible. Please consult with your tax accountant.*

*Thank you for your support!*

### PAYMENT INFORMATION

Please make checks payable to: **John Bertie Cruz Jr. Scholarship/BSC Foundation**

To pay by credit card, complete this section:

Please check one:  MasterCard  Visa  American Express

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it Appears on the Card: \_\_\_\_\_

Signature: \_\_\_\_\_

*For an invoice or additional information, please contact us at (617) 236-7180 or  
email: [gala@cruzcompanies.com](mailto:gala@cruzcompanies.com).*