



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Tickets \_\_\_\_\_ x Price (\$40) \_\_\_\_\_  
Total: \_\_\_\_\_

*Celebration of Hope*  
*September 17, 2010*  
*Solera – Minneapolis, MN*

**Please complete the above information and send this form, along with your check made payable to “The Liz Logelin Foundation” to:**

**The Liz Logelin Foundation**  
**Attn: Tickets**  
**P.O. Box 26366**  
**St. Louis Park, MN 55426**

Please make a copy of this form for your records!  
Questions? Contact Rachel Engebretson at [Rachel@thelizlogelinfoundation.org](mailto:Rachel@thelizlogelinfoundation.org)