



**6th Annual Believe 271 Foundation, Inc.
Firefighters' Pink Tie Gala
Ticket and Table Purchase Form**



Name: _____

Business or Fire Department: _____

Cell Phone Number: (____) _____ **Email:** _____

Address: _____

City: _____ **State:** New York **Zip:** _____

# of Tickets:	Fee / Person:	Subtotal:	Ticket #'s:	Tickets Mailed:
	x \$75.00/Person	\$		
# of Tables:	Fee / Table:	Subtotal:	Table #:	Table # / Tickets Mailed:
	x \$600.00/Table	\$		
Grand Total:		\$	Paid By: (circle one) Cash Check: # _____	

Additional Notes:

- **All payments must be made in full prior to the Gala.**
- **There is a limited number of tickets (300) and tables, please reserve early.**
- **Payment can be made in cash or check. *No Refunds on Purchased Tickets***
- **Make Checks Payable to: Believe 271 Foundation Inc.**
- **Deadline for presale: October 1, 2024**

Mail Ticket Purchase Form and Payment by October 1st to:

**Believe 271 Foundation Inc.
Firefighters' Pink Tie Gala
P.O. Box 357
9565 Main Street
Holland Patent, New York 13354**



All proceeds from this event will be used to assist firefighters with cancer and other life-threatening illnesses in Oneida and Herkimer County.