



Ticket Order Form

Complete this form and mail with payment to: ICON
2950 E 55th Pl
Indianapolis, IN 46220-3534

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____ [] Home [] Cell [] Work [] Other _____

Email Address: _____

Screening & Ticket Information

Location: _____

Date: _____

Time: _____

Number of Tickets: _____

Price per Ticket: x _____

TOTAL = _____

Payment Information:

- [] I wish to pay with cash
[] I wish to pay by check—Please make payable to “ICON”
[] I wish to charge this purchase to my personal credit card:
[] MasterCard [] Visa [] Discover [] American Express

Account No. _____ Card Verification No. _____ Expiration Date _____

Signature _____ Date _____

By signing above, I affirm that I am making this purchase on my own personal credit card and not with a corporate or business credit card or one issued to anyone else.

Contributions or gifts to ICON are not tax deductible.



2950 East 55th Place ~ Indianapolis, IN 46220
(317) 722-0236 ~ www.iconindiana.org

OFFICE USE ONLY