

TRI-STATE

Ohio Party Tickets



Name(s): _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

of tickets (\$20 per person): _____

1. Make Checks Payable to: American Legion Department of Ohio and place in memo: 'Ohio Party'

2. Credit Card Payment Information:

Credit Card Number: _____

Card Type: _____

Exp. Date: _____

CVV: _____

Signature (authorizes Department to process your CC): _____

Zip Code: _____

MAIL TO: THE AMERICAN LEGION DEPARTMENT OF OHIO; ATTN: REBECCA CORBIN; 60 BIG RUN ROAD; DELAWARE, OH 43015

PHONE: 740-362-7487 | LEGION@OHIOLEGION.COM