RS	VP HOCKADAY BENEFIT AUCTION			
	mini	atur & m	es nore	
Name(s):				
Address:	City:	State:	Zip:	
Auction Tickets: \$	45/members or \$55/non-membe	ers		
\$360/Reserved tab	le of 8 people. Please list names:			
I would like to pur	chase #"Split the Pot" t	ickets at \$20/each: \$_		
I am unable to atte	nd the auction but enclosed is n	ny donation of \$		
I would like to con	tribute to the Art Acquistion Fu	nd. Enclosed is my do	nation of \$	
The Aquisition Fund assists th	e Museum with the purchase of the l	People's Choice award wi	nner for the Permanent colled	ction.
Total enclosed: \$				
Check payable to:	Hockaday Museum of Art	VISA Maste	rCard	
Card#	-	Expiration D	ate:	
	ears on card:			
Signature				
No waiting necessary!				

_____Initial here to authorize Hockaday Auction staff to charge your art purchases to the credit card named above. All such purchases will be held at the Hockaday Museum of Art overnight, for pickup at your convenience the following day.