

**SculptureCenter**  
**44-19 Purves Street**  
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**Lucky Draw is Thursday, April 12<sup>th</sup> at SculptureCenter**

**Ticket Order Form**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

I would like to **Try My Luck** and purchase:  
\_\_\_\_\_ tickets at \$450 each or  three tickets for \$1200  
(not tax-deductible)

I would like to **Buy My Luck** and purchase:  
One of three tickets at \$5000 – guaranteeing me one of the first three choices in the drawing  
(not tax-deductible)

I cannot attend to select my artwork  
and designate SculptureCenter staff or \_\_\_\_\_ to act as my proxy.  
*Please provide your telephone number so we may contact you.*

I would like to purchase a ticket as a gift:  
Recipient \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

I would like to make a tax-deductible contribution of \$\_\_\_\_\_ to support SculptureCenter.

My check payable to SculptureCenter for \$\_\_\_\_\_ is enclosed.

Please charge my credit card in the amount of \$\_\_\_\_\_.  Mastercard  Visa  American Express

Card # \_\_\_\_\_  
Signature \_\_\_\_\_  
Exp. \_\_\_\_\_

**Please return completed form to SculptureCenter by mail at 44-19 Purves Street, Long Island City, NY 11101,  
or fax to 718.786.9336**