

TICKET ORDERS

Name _____	Game Date _____	Check or CC# _____
Address _____	NY Liberty vs. _____	Expiration Date _____ CVC _____
Phone _____	Ticket Price _____ x # of Tickets _____ = \$ _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Email _____	<input type="checkbox"/> Yes, please donate my tickets to this org	<input type="checkbox"/> AMEX <input type="checkbox"/> Discover
		Signature _____
		<input type="checkbox"/> Yes, please donate my tickets to Liberty

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RETURN BY MAIL

Melissa Abbe, New York Liberty, 2 Penn Plaza, 14th Floor, New York, NY 10121

RETURN BY FAX
212-465-6250