

Check Enclosed: \$ \_\_\_\_\_ made payable to Ministry of the Third Cross

Charge my:  AMEX  DISCOVER  MASTERCARD  VISA

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Printed Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**After April 17, 2020, tickets will not be mailed.**

They will be held at the door under the names of the individuals you have listed.

Table commitments received by **April 1, 2020** will be listed in the event program.

**Please return this reply card in the enclosed self-addressed envelope.**

For further information, please call:  
Adam Healy (830) 515-8466  
Maylynne Healy (830) 237-8133 or  
Dr. Jorge Cueller at (210) 410-4901

### Names of Guests at My Table:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

see reverse side