**New Jersey State Organization of Cystic Fibrosis**

**Presents**

**![C:\Users\debra\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\QDYS40W9\Bolsosdia_0006[1].jpg]()![C:\Users\debra\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\794T1AL6\f26021_svee_a0[1].jpg]()“**POCKETBOOK **BINGO”**

**Designer Handbags**

**Coach**

**Michael kors**

**Kate spade**

 **Thursday, April 12, 2018**

**Pompton Lakes Elks Lodge**

**15 Perrin Avenue, Pompton Lakes, New Jersey**

**Doors Open – 6:00 PM Calling Begins – 7:00**

**Admission: $25.00**

 **includes 12 Bingo Sheets/3 Boards per game**

**Additional boards and daubers will be available to purchase.**

**Snack bar will be open for food and beverage, or feel free to bring your own.**

**No alcoholic beverages are allowed on premises.**

**No one under 18 years old will be admitted.**

**THIS EVENT SELLS OUT QUICKLY – RESPOND NOW!!!**

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**Please make checks payable to: New Jersey State Organization of Cystic Fibrosis (NJSOCF)**

**$25 per ticket**

**Mail payment and this form to:**

**Phone: 973-595-1232 New Jersey State Organization of Cystic Fibrosis www.njsocf.org**

 **FAX: 973-595-1718 P.O. Box 3648, Wayne, NJ 07474-3648**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_**

 **Number of Tickets\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount Enclosed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please charge my donation to my: □ Visa □ Mastercard □ AMEX**

 **Credit Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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