



**Evelyn Hill Inc.**

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## PRE-PAID LUNCH VOUCHER CONFIRMATION *for*

Name ..... Company .....

Address ..... City ..... State ..... ZIP .....

Phone ..... Fax ..... E-mail .....

Billing Address (if different than shipping): Address ..... City ..... State ..... ZIP .....

### GROUP RATES, INFORMATION & TERMS

ADULT MEALS		JR. RANGER MEALS	
20-100	\$20 <sup>75</sup>	20-100	\$10 <sup>75</sup>
101-250	\$19 <sup>75</sup>	101-250	\$10 <sup>25</sup>
250+	\$18 <sup>50</sup>	250+	\$9 <sup>50</sup>

- PLEASE COMPLETE THIS FORM AND RETURN IT BY FAX OR EMAIL AT [AWONG@EHILLGROUP.COM](mailto:AWONG@EHILLGROUP.COM) & [NCAM@EHILLGROUP.COM](mailto:NCAM@EHILLGROUP.COM)
- TREAT THIS COMPLETED FORM AS YOUR INVOICE.
- ORDERS WILL BE PROCESSED UPON RECEIPT OF PAYMENT.
- TAX EXEMPT GROUPS MUST PROVIDE DOCUMENTATION WITH THIS FORM, OTHERWISE NY STATE SALES TAX (8.875%) WILL BE CHARGED.
- PLEASE USE YOUR VOUCHERS AT THE REGISTER AFTER YOU PICK UP YOUR MEAL.
- **ADULT MEAL** CONSISTS OF 1 ENTREE, FRIES (IF YOUR ENTREE IS A BURGER, HOT DOG, CHICKEN SANDWICH OR TENDERS) & 1 BEVERAGE. **EXCEPTIONS:** 1 LITER BEVERAGES, SPECIALTY COFFEE, REFRESHERS®, SMOOTHIES, CANDY & DESSERTS.
- **JR. RANGER MEAL** CONSISTS OF 1 JR. RANGER MEAL WITH FRIES AND 1 BEVERAGE. **EXCEPTIONS:** 1 LITER BEVERAGES, SPECIALTY COFFEE, REFRESHERS®, SMOOTHIES, CANDY & DESSERTS.
- **DESSERT VOUCHERS** EXCLUDE SLICED CAKE.
- **MENU** IS AVAILABLE AT [WWW.THESTATUEOFLIBERTY.COM/DINE](http://WWW.THESTATUEOFLIBERTY.COM/DINE)
- WALK-IN SEATING ONLY.

NUMBER OF TICKETS		PRICE FROM CHART	SUBTOTAL
ADULT TICKETS			
JR. RANGER TICKETS			
THE AMOUNT YOU OWE WILL BE AUTOMATICALLY CALCULATED FOR YOU!		8.875% SALES TAX	
		TOTAL	

### PLEASE SELECT YOUR DINING LOCATION

☐ STATUE OF LIBERTY, CROWN CAFE ☐ ELLIS ISLAND, ELLIS CAFE

### CREDIT CARD NUMBER (VISA, MASTERCARD OR AMERICAN EXPRESS)

### METHOD OF PAYMENT

- ☐ CHECK\*
- ☐ MONEY ORDER\*
- ☐ CREDIT CARD

\*PLEASE MAKE CHECK PAYABLE TO EVELYN HILL INC.

### TICKET DELIVERY METHOD

- ☐ MAIL (ALLOW 2 WEEKS)
- ☐ PICK UP **AT THE SELECTED LOCATION** (1 WEEK)

### EXPIRATION DATE

### SECURITY CODE

### NAME AS IT APPEARS ON CARD

### SIGNATURE