

**ALEXANDRIA OLD SCHOOL ALUMNI ASSOCIATION (AOSAA), INC.**

**PO Box 25064**

**Alexandria, VA 22313**

Website:

[g](http://www.aosalumniassn.org/)

[www.aosalumniassn.or](http://www.aosalumniassn.org/)

E-mail:

alex.oldschool@aosalumniassn.org

**2018**

**GOSPEL PRODUCTION OF “JESUS”, OCTOBER 8, 2018**

**PAYMENT PLAN**

**NAME:**

**ADDRESS:**

**PHONE NUMBER:**

**E-MAIL ADDRESS:**

**PAYMENT SCHEDULE 2018**

**Number of tickets \_\_\_\_\_\_\_\_\_\_ $145 each non-member**

**Number of tickets\_\_\_\_\_\_\_\_\_\_ $135.00 each member**

**Total cost: \_\_\_\_\_\_\_\_\_**

**Purchased Tickets From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment due by 20**

**th**

**of each month**

**APRIL \_\_\_\_\_\_\_MAY \_\_\_\_\_\_\_ JUNE\_\_\_\_\_\_\_\_JULY\_\_\_\_\_\_\_**

**AUGUST\_\_\_\_\_\_\_\_SEPTEMBER-\_\_\_\_\_\_\_\_\_**

**full payment must be in by September 24, 2017)**

**(**

**BALANCE $\_\_\_\_\_\_\_\_\_\_\_\_ (no refunds)**

**Please return payment and this form to your seller or the above PO Box. Mark**

**Jesus on your check. You ticket(s) will be issued to you after your final payment.**

**Thank You,**

**Event Chairperson,**

**Business Manager, AOSAA, Inc.**

