


Good Time. Great Cause. PAYMENT AUTHORIZATION FORM

 <p align="center">THE STEAKHOUSE</p>	Morton's The Steakhouse 625 Liberty Ave Suite 180 Pittsburgh, PA 15222 mortons.com		
	Guest Information		
Name:			
Company:			
Address:			
City, State, Zip:			
Phone:			
Fax:			
E-Mail:			
Event			
	Number of Tickets	Price Per Ticket	Total
Summer Celebrity Sizzler for McGuire Memorial		\$125.00	\$
*50% of all ticket proceeds to benefit McGuire Memorial Foundation		[%] Sales Tax	(Included)
		Total Sale	\$

I authorize Morton's The Steakhouse to charge my (check one):

Visa
 MasterCard
 American Express

Credit Card #:	
Expiration Date:	

Would you like a receipt? Yes No (Receipt will be available for you at the event)

Signature: _____ **Date:** _____
 (Please sign to confirm the above is correct)

**Once form is completed, please fax to Cassidi Kim at 412-261-7151.
 Your credit card will be charged on the day of the event.**

Thank you!
 Enjoy your evening...