



Exhibit Opening Reception Mail-In Form

Yes! I want to purchase _____ Reception Tickets @ \$50 each!

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Cell Phone _____

Email _____

Payment method

Check enclosed

Visa Mastercard American Express Discover

Card Number _____ Exp. _____ CVV Code _____

Amount \$ _____

Signature _____

Please mail completed form to:

American Saddlebred Museum

4083 Iron Works Parkway

Lexington, KY 40511

or Fax to (859) 255-4909

Thank you for your support of the Museum and we'll see you February 17th!