



# TICKET ORDER FORM

PROCEEDS BENEFIT THE MOTHER CABRINI CHILDREN'S HOSPITAL FOR SPECIAL NEEDS

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Company (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

**FOR ONLINE RESERVATIONS, PLEASE VISIT [WWW.ARCHCARE.ORG/MENUDO](http://WWW.ARCHCARE.ORG/MENUDO).**

TICKET TYPE CHECK ONE:    \_\_\_VIP    \_\_\_GENERAL

Preferred Seat #: \_\_\_\_\_

- Please accept my reservation as noted: payment will follow.  
Deadline for payment is Oct. 1st.
- Enclosed is my check for \$\_\_\_\_\_ made  
payable to **Catholic Health Care Foundation with  
Menudo Benefit Concert noted in the memo.**

**PLEASE EMAIL THIS FORM TO:**

Carlos Diaz at [cdiaz@archcare.org](mailto:cdiaz@archcare.org) or  
Barbara Munoz at [bmunoz@archcare.org](mailto:bmunoz@archcare.org)

**For more information, contact us at [info@archcare.org](mailto:info@archcare.org).**

*Reservation forms may be mailed to: ArchCare Menudo Benefit Concert, 205 Lexington Ave., New York, NY 10016 or emailed to: [info@archcare.org](mailto:info@archcare.org). Contributions are fully tax-deductible to the extent allowed by law. Contributions will directly benefit the Specialty Hospital at Terence Cardinal Cooke (Mother Cabrini Hospital). Catholic Health Care Foundation of the Archdiocese of New York is a 501(c)(3) charity. Tax ID #13-4054158.*



# EL BARRIO DE MUSEO THEATER SEATING TICKET PRICING STRUCTURE

