



BestFest Ticket Information Form

Name: _____

Address: _____

Phone #: _____

Ticket #s: _____

- No refund necessary. Consider my ticket(s) purchase a donation to Hospice of Dubuque. Please send a receipt for tax purposes to the address listed above.
- Issue a refund check. Send the check to the address above. Please allow 2-3 weeks for processing. No refunds will be issued on forms received or postmarked after April 17, 2020.

To process your request, please return this form, along with your ticket(s), to:

Hospice of Dubuque
Attn: Community Relations
1670 JFK Rd.
Dubuque, IA 52002

Hospice of Dubuque is not responsible for tickets lost in the mail.

For Hospice of Dubuque Use Only:

Date received/initials: _____ Spreadsheet/initials: _____

Ticket #s verified: _____ Quantity: _____ Amount: \$ _____

Forward this form: to CR for tax receipt to Finance for refund check