

## **JAPAN EARTHQUAKE** & TSUNAMI RELIEF

WHITE SOX VS. ROYALS Sunday, June 15, 2014 - 1:10 P.M. **U.S. Cellular Field** 

## WHITE SOX VS. MARINERS

Sunday, July 6, 2014 - 1:10 P.M. **U.S. Cellular Field** 

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Outfield Reserved

Bleachers

Lower Corners

Upper Box

Upper Reserved

Upper Corners

## **SPECIALLY PRICED WHITE SOX TICKETS!**

The Chicago White Sox have dedicated Sunday, June 15th and Sunday, July 6h to help aid the relief efforts for those affected by the devastating earthquake & tsunami. Through purchasing tickets through this offer you'll be assisting in rebuilding efforts. \$10 of every ticket purchased will be donated to the Japanese Red Cross through the Japan America Society of Chicago.

Orders will NOT be redeemed at the U.S. Cellular Field ticket windows or the White Sox administrative offices.



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## ALL ORDERS MUST BE RECEIVED ONE MONTH PRIOR TO GAME

TO ORDER TICKETS:	JUNE 15 <sup>™</sup> VS. KANSAS CITY ROYALS			
	# OF TICKETS	TICKET PRICE		TOTAL
1. MAIL this form with payment to: CHICAGO WHITE SOX		Lower Box @ \$40		
SALES DEPARTMENT		Outfield Reserved @ \$15		
ATTN: JAPAN EARTHQUAKE & TSUNAMI RELIEF 333 W. 35TH STREET		Bleachers @ \$15		
CHICAGO, ILLINOIS 60616		Parking @ \$20		
<b>2. FAX</b> with payment to: 312-674-5140		TOTAL		
3. E-MAIL with payment to rpenn@chisox.com		JULY 6 <sup>TH</sup> VS. SEATTLE MARINERS	ĺ	
	# OF TICKETS	TICKET PRICE		TOTAL
		Lower Box @ \$40		
		Outfield Reserved @ 15		
		Bleachers @ \$15		
		Parking @ \$20		

All orders must be received 1 month prior to chosen game. Tickets will be mailed to the address listed below. All game times and promotions are subject to change. Seats will be filled on a best available basis. If the seat location you request is sold out, the White Sox will fill your order with the next-best available seating section. If this happens you will NOT be notified. NO REFUNDS OR EXCHANGES. Questions? Please contact Reynel Penn @ (312) 674-5328 or by email @ rpenn@chisox.com

Name	40	
Address	1	29 10 1 50 10 10 10 10 10 10 10 10 10 10 10 10 10 1
City, State, Zip		
Phone E-mail		
Please charge my: 🗌 Visa 🗌 Mastercard 🗌 Amex 🗌 Discover		
Credit Card # Expiration Date		A remain set of the se
Signature	124 A	
OR: Enclosed is a check or money order payable to the Chicago White Sox.		23-1 20 00 00 00
(If check or money order is greater than total cost of the tickets, the difference will be made up in Comiskey Cash.)	Lower Box	Premium Upper Box (Rows 1-6)

(If check or money order is greater than total cost of the tickets, the difference will be made up in Comiskey Cash.)

Check # \_\_\_