



140 North 6th Street, Lewiston NY 14092
 Phone: (716) 754-4470 Fax: (716) 754-0167
 www.stpeterrc.org

TICKET/DONATION FORM FOR THE GRAND GALA 2012

Please fill out the following form if you wish to purchase tickets, advertise in our program, sponsor our event, or donate an item.

TICKET'S

Yes I would like to attend the 2012 Gala.

I would like to purchase _____ ticket(s) at \$55.00 each.

If you are planning on attending please fill out the back of this form with the name of each person sitting with you. Payment information is also included on the back of the form. Thank you.

SPONSORSHIP LEVELS

Faith Sponsor **\$2000**

Hope Sponsor **\$1500**

Love Sponsor **\$1000**

Friend of St. Peter's **\$500**

| <u>Faith Sponsor</u> | <u>Hope Sponsor</u> | <u>Love Sponsor</u> | <u>Friend Of St. Peter's</u> |
|-------------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| Seating for 10 | Seating for 8 | Seating for 4 | Seating for 2 |
| Verbal Recognition at the Event | Verbal Recognition at the Event | Verbal Recognition at the Event | Recognition on SPS website |
| Prominent signage at the Event | Prominent Signage at the Event | Prominent signage at the Event | Name Listed in the Program |
| Press Release Recognition | Press Release Recognition | Press Release Recognition | |
| Recognition on SPS Website | Recognition on SPS website | Recognition on SPS website | |
| Full Page Program Ad | Full Page Program Ad | Half Page Program Ad | |
| 2 Bottles of Wine at the Event | | | |
| 4 Sheets of Chinese Auction tickets | | | |

PROGRAM ADVERTISING

_____ Full Page \$200

_____ Half Page \$ 100

_____ Business Card \$50

* We do need to receive your camera-ready artwork by February 3, 2012 in order to have your Ad in our Program. Please make all checks payable to: St. Peter's HSA

BASKET DONATION

I do wish to donate the following item(s) to the auction:

_____ Value\$ _____

Please contact me to pick up my donation @ _____

I will drop my donation off to the school.

TICKET CONTACT INFORMATION

If you are ordering tickets please fill out the following information:

Main Table Contact: _____ Email: _____

Address: _____

State/Zip: _____ Phone: _____ Fax: _____

I Plan on attending the event (please list names below)

I purchased my tickets but I can not attend the event.
Please accept my ticket purchase as a donation.

Dinner Guests:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Payment: _____ Check: Please make all checks payable to St. Peter's HSA

_____ Credit Card _____ Visa _____ Mastercard

Card Number _____ Exp Date: mo ____/yr _____

Name as it appears on card _____

THANK YOU FOR YOUR SUPPORT!