

Denim & Diamonds



February 9, 2019
Reverse Raffle & Dinner
Benefitting Holy Cross Catholic School

Business/Donor Name _____

Name as it is to be listed for donor recognition: _____

Contact Person _____ Phone # _____

Address: _____

Email: _____

Yes, I/We would like to be a VIP Sponsor of the Event (\$500)

VIP Sponsors receive a reserved table for 8 guests. Admission includes access to the VIP reception for all 8 guests.

Yes, I/We would like to be an Event Underwriter (\$250)

Yes, I would like to purchase _____ ticket(s) to attend the 2019 Dinner & Reverse Raffle.
\$45 pp early-bird reservations by 1/4/19 | \$50pp after 1/4/19 | \$125 VIP Set of Tickets

Yes, I/We would like to make a gift of _____ to support Holy Cross Catholic School.

Yes, I/We are interested in hosting a table at the Reverse Raffle. Please contact me.

TOTAL CONTRIBUTION: _____

I have enclosed a check for the following amount: _____

Please make checks payable to Holy Cross Catholic School

Please send an invoice to the above address.

Invoices must be paid by February 9th, 2019.

Return this form to:
HCCS | Attn: Reverse Raffle | 1745 S. Clinton St. | Defiance, OH 43512