



Business/Donor Name _____

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

Contact Person _____ Phone # _____

Address: _____

Email: _____

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

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

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

Yes, I would like to purchase _____ ticket(s) to attend the 2020 Dinner & Reverse Raffle.

\$45 pp early-bird reservations by 12/31/19 | \$50pp after 1/1/20 | \$125 VIP Set of Tickets

Yes, I would like to participate in a donation for the silent auction. Please contact me.

Yes, I would like to host a table(s) at the Reverse Raffle. Hosts fill a table of 8 including self and decorate & set the table. Each host receives a free ticket. One host per table.

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 1st, 2020.

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