

KINDLY
respond
by october 3rd

INTERFAITH
Caregivers
GREATER MERCER COUNTY

IN-PERSON TICKETS

I would like to purchase _____ tickets at the rate of \$75 per person.

DINNER CHOICES:

Filet Mignon with Bordelaise Sauce	QTY	_____
Chicken Marsala	QTY	_____
Orange Hoisin Glaze Salmon	QTY	_____

_____ I am unable to attend. Enclosed please find my donation of \$_____

RESERVATION INFORMATION

SAME AS SPONSORSHIP FORM

Name _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

PAYMENT INFORMATION PAYMENT ENCLOSED BILL ME

Credit Card Type (please circle): Visa Mastercard Discover Amex

Name on Card _____

Credit Card Number _____

Signature _____ Exp Date _____

Billing Address _____

sponsorship

Presenting Sponsor _____ \$7,500
Sunlight Sponsor _____ \$5,000
Twilight Sponsor _____ \$3,500
Moonlight Sponsor _____ \$2,500
Starlight Sponsor _____ \$1,000
Candlelight Sponsor _____ \$600

advertisement

Full-Page Ad _____ \$500
Half-Page Ad _____ \$300
Quarter-Page Ad _____ \$200
Business Card _____ \$100

Total Purchase _____

Please submit materials and payments by September 23, 2022.

SPONSOR INFORMATION

SAME AS TICKET RESPONSE FORM

Name _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

PAYMENT INFORMATION PAYMENT ENCLOSED BILL ME

Credit Card Type (please circle): Visa Mastercard Discover Amex

Name on Card _____

Credit Card Number _____

Signature _____ Exp Date _____

Billing Address _____