

16th Annual harvest of hope



BENEFITTING THE PROGRAMS OF
CATHOLIC CHARITIES
OF SOUTHEAST TEXAS

HONORING THE BORDAGES FAMILY

Tuesday, November 6, 2018 | 5:30 p.m. Cocktails | 6:30 p.m. Dinner and Program
MCM Elegante Hotel Ballroom | Beaumont, Texas

Please print name exactly as you would like it acknowledged.

NAME OR BUSINESS NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

EMAIL _____

PLEASE SELECT YOUR SPONSORSHIP LEVEL BY INDICATING THE NUMBER OF TABLES OR SEATS YOU WISH TO RESERVE:

TABLE RESERVATIONS FOR EIGHT

_____ \$ 20,000 GRAND BENEFACTOR
_____ \$ 10,000 BENEFACTOR
_____ \$ 5,000 UNDERWRITER
_____ \$ 2,500 SPONSOR
_____ \$ 1,500 PATRON
_____ \$ 1,000 FRIEND

INDIVIDUAL SEAT RESERVATIONS

_____ \$ 2,500 GRAND BENEFACTOR INDIVIDUAL
_____ \$ 1,250 BENEFACTOR INDIVIDUAL
_____ \$ 625 UNDERWRITER INDIVIDUAL
_____ \$ 325 SPONSOR INDIVIDUAL
_____ \$ 200 PATRON INDIVIDUAL
_____ \$ 125 FRIEND INDIVIDUAL

- I WOULD ALSO LIKE TO MAKE AN ADDITIONAL TAX-DEDUCTIBLE DONATION OF \$ _____.
- I WOULD LIKE TO UNDERWRITE PARTICULAR EVENT EXPENSES SUCH AS DECORATIONS, ENTERTAINMENT, FLOWERS, HORS D'OEUVRES, MUSICAL ENTERTAINMENT, ETC. --- PLEASE CONTACT ME WITH FURTHER DETAILS
- I AM UNABLE TO ATTEND BUT WOULD LIKE TO MAKE A TAX-DEDUCTIBLE DONATION OF \$ _____.

Please make check payable to CATHOLIC CHARITIES OF SOUTHEAST TEXAS or charge to:

- AMERICAN EXPRESS CREDIT CARD # _____
- DISCOVER NAME ON CREDIT CARD _____
- MASTER CARD BILLING ADDRESS OF CARD HOLDER _____
- VISA EXPIRATION DATE _____ SECURITY CODE _____
- SIGNATURE OF CARD HOLDER _____

**Please return this form by mail or fax to Catholic Charities
YOUR EARLY RESPONSE BY OCTOBER 5, 2018 IS APPRECIATED
To be included in the event program response is needed by October 26, 2018.**

The cost of goods and services is \$40 per person.

**Catholic Charities of Southeast Texas
2780 Eastex Freeway • Beaumont, Texas 77703 • Phone: 409.924.4410 • Fax 409.832.0145
www.catholiccharitiesbmt.org**