

**St. Columbkille School 2015 Gala Reply Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Yes, I/we would like to support St. Columbkille School’s Gala by becoming a sponsor**

**Sponsorship Information**

|  |  |  |
| --- | --- | --- |
| **Presenting Sponsor - $10,000** | **Saluting Sponsor - $5000** | **Tribute Sponsor - $2500** |
| **Individual Tickets $150**  **Number of Tickets \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **I cannot attend but wish to make a donation in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **I would like to sponsor a faculty/staff member or parent to attend $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Full page ad - $500 (6x8 size)** | **Half page ad - $250 (6x4 size)** | **In-kind donation with an estimated value of $\_\_\_\_\_\_\_\_\_\_\_\_** |

**Total Order**

$

**□ Check enclosed □ Visa □ MasterCard**

**Name on card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSC#:\_\_\_\_\_\_\_\_\_ Expiration:\_\_\_\_\_/\_\_\_\_\_ Phone #(required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please make checks payable to: St. Columbkille School**

*Your gift will benefit St. Columbkille School, a non-profit organization. Contributions are tax deductible less dinner expenses.*

*If you have any questions, please feel free to call or e-mail our event coordinator, Karla Briceno at 323-229-4998 or at kbriceno@columbkille.org.*

**Thank you for your support!**