

2012 CROZIER GALA

TABLE & TICKET INFORMATION

Tables & Tickets

Table Buyers: Each table includes ten (10) seats; however, up to two (2) additional guests can be accommodated at an additional cost. Individual Ticket Buyers: All requests for seating will be considered and accommodated to the best of our ability. Please submit your request as early as possible.

Benefactor Table	\$3,000
• One Table with seating for 10	
• Recognition in Event Program	
Premier Couple Tickets	\$1,000
• Preferred Seating for 2	
General Couple Tickets	\$600
• General Seating for 2	
Individual Ticket	\$300
• General Seating for 1	

Sponsorship Opportunities*

In appreciation of the countless contributions that our religious make and the positive counsel they provide we offer this special opportunity to honor and share this evening with them.

Priest Table	\$3,000
• Seating for 10	
• Recognition in Event Program	
Priest Ticket	\$300
• Seating for 1	
Religious Sisters/Brothers Table	\$3,000
• Seating for 10	
• Recognition in Event Program	
Religious Sister/Brothers Ticket	\$300
• Seating for 1	

Please complete registration form on back.

*For ticket inquiries and/or to make payments,
please contact Brigitte Dayton at bdayton@ccfphx.org or 602.354.2402*

* Sponsorships are 100% tax deductible. The fair market value of the goods and services received for each ticket is \$150.00. Any amount above this is tax deductible; please consult your tax advisor for more information.

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REGISTRATION FORM

Contact Information

Name/Title _____ Company Name (if applicable) _____

Address _____ City _____ State _____ ZIP _____

Home Telephone _____ Bus./Cell Telephone _____ Email Address _____

Name as you would like it to appear in the Program (acknowledged at the \$3,000 level and above)

Tables & Tickets

- Benefactor Table** \$3,000
• Seating for 10
- Premier Couple** \$1,000
• Preferred Seating for 2
- General Couple** \$600
• General Seating for 2
- Individual Ticket** \$300
• General Seating for 1

Seating Request (please select ONE)

- Please seat us with: (table name)

- Please seat us at a no host table.

Sponsorships

- Priest Table** \$3,000
- Priest Ticket** \$300
Qty: _____
- Religious Sisters/Brothers Table** . . . \$3,000
- Religious Sisters/Brothers Ticket** . . . \$300
Qty: _____

TOTAL: \$ _____

Payment Information (please select ONE)

OPTION 1:

- Credit Card:** VISA MC AMEX Discover

Name on Card

Card No.

Expiration Date: ____/____/____ CID#: _____ (3 or 4 digit code)

Authorized Signature

OPTION 2:

- Check**

Check Number: _____

Please make checks payable to the Catholic Community Foundation. Memo reference: Crozier (TAX ID#86-0465177)

OPTION 3:

- Invoice**

Please send me an invoice at the address listed above.

CCF Staff Name Date

The fair market value of goods and services received for each ticket is \$150. The amount available for tax deduction is \$150 per ticket. Sponsors do not receive goods or services and are available for tax deduction. Please consult your tax advisor for more information.