



**ST. ALPHONSUS SCHOOL  
GALA XXVIII DINNER AND DANCE  
SATURDAY, APRIL 29, 2017  
FORT GARRY HOTEL AND CONFERENCE CENTRE**

## Sponsor Order Form

Company/Individual Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Phone #'s: \_\_\_\_\_

Tax Receipt Issued to: \_\_\_\_\_

Name to appear on sponsor acknowledgements: \_\_\_\_\_

**Sponsorship Level - Please check one of the following:**

- |                          |                                       |                          |                                       |
|--------------------------|---------------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <b>HOST SPONSOR \$10,000.00</b>       |                          |                                       |
| <input type="checkbox"/> | Diamond Level (10 tickets) \$5,000.00 | <input type="checkbox"/> | Platinum Level (8 tickets) \$3,000.00 |
| <input type="checkbox"/> | Gold Level (6 tickets) \$1,500.00     | <input type="checkbox"/> | Silver Level (4 tickets) \$800.00     |
| <input type="checkbox"/> | Bronze Level (2 tickets) \$500.00     | <input type="checkbox"/> | Donation: _____                       |

**Please choose method of payment:**

Cheque \_\_\_\_\_ Credit Card \_\_\_\_\_ Payment in full in the amount of \$ \_\_\_\_\_

Please make cheques payable to "St. Alphonsus Gala Dinner", For Credit Card Please Complete Information Below

**Payment Plan Options**

For payment plan please choose the # of payments(max 5) and divide by the sponsorship amount.

Number of Payments: \_\_\_\_\_ Each Payment Amount \$ \_\_\_\_\_

Please circle payment dates below:

January 28/2017   February 28/2017   March 28/2017   April 28/2017   May 28/2017

Please make postdated cheques out to "St. Alphonsus Gala Dinner" and for the above selected dates,

Credit Card payments will be billed on the above selected dates

**Credit Card Information**

Visa/Mastercard #: \_\_\_\_\_

Name On Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

First Gala Attending? Y / N

Referred by: \_\_\_\_\_