



**ST. ALPHONSUS SCHOOL  
GALA 32 DINNER AND DANCE  
SATURDAY, MAY 6, 2023  
DELTA HOTEL**

## 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) \$1,800.00     | <input type="checkbox"/> | Silver Level (4 tickets) \$1,100.00   |
| <input type="checkbox"/> | Bronze Level (2 tickets) \$600.00     | <input type="checkbox"/> | Evergreen (no tickets): \$250.00      |

### **Please choose method of payment:**

Cheque \_\_\_\_\_ Credit Card \_\_\_\_\_ eTransfer \_\_\_\_\_ Payment amount of \$ \_\_\_\_\_

Please make cheques payable to "St. Alphonsus Gala Dinner", eTransfers can be sent to galapayments@stals.ca.

For Credit Card paymnts, 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:

February 15, 2023   March 15, 2023   April 15, 2023   May 15, 2023

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: \_\_\_\_\_



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 SATURDAY, MAY 6, 2023  
 DELTA HOTEL  
 GUEST LIST**

**PURCHASE INFORMATION**

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

Company Contact: \_\_\_\_\_

Sponsorship Level (if applicable): \_\_\_\_\_

**GUEST NAMES (INCLUDING PURCHASER)**

NAME OF GUEST	SPECIAL MENU REQUIREMENTS

**ADDITIONAL INFORMATION**

Please seat us with:

\_\_\_\_\_