SISTERS OF THE HOLY FAMILY



6901 CHEF MENTEUR BLVD · NEW ORLEANS · LA · 70126-5215 · (504) 241-3088 FAX (504) 245-2319

SPONSORSHIP FORM

Name as it is to appear in printed materials:	
Address:	
City, State Zip:	Telephone:
E-Mail:	Fax:

LEVELS OF SUPPORT

□ I am pleased to be a SERAPHIM Sponsor with my contribution of \$50,000 or more which entitles me to:
20 admittances to the Patron's Party & 20 Concert Tickets (2 reserved tables of 10) 6 backstage passes to meet the headline entertainer
Premier seating
Premier event signage
Premier event signage as a major sponsor
Name printed in the program as major sponsor
□I am pleased to be a CHERUBIM Sponsor with my contribution of \$25,000 or more which entitles me to: 20 admittances to the Patron's Party & 20 Concert Tickets (2 reserved tables of 10) 4 backstage passes to meet the headline entertainer Prominent seating Prominent signage as a major sponsor Name printed in program as major sponsor
□I am pleased to be a THRONE OF ANGELS Sponsor with my contribution of \$10,000 or more which entitles me to: 20 admittances to the Patron's Party & 20 Concert Tickets (2 reserved tables of 10) 2 backstage passes to meet the headline entertainer Priority seating Event signage as a major sponsor Name printed in program as a major sponsor
□I am pleased to be a DOMINION Sponsor with my contribution of \$6,000 or more which entitles me to: 20 admittances to the Patron's Party & 20 Concert Tickets (2 reserved table of 10) Name printed in program
□I am pleased to be a VIRTUE Sponsor with my contribution of \$3,000 or more which entitles me to: 10 admittances to the Patron's Party & 10 Concert Tickets (1 reserved table of 10) Name printed in program
□I am pleased to be an ARCHANGEL with my contribution of \$600 or more which entitles me to: 2 admittances to the Patron's Party & 2 reserved seats for the Concert Name printed in program
□I am pleased to be an ANGEL with my contribution of \$300 or more which entitles me to: 1 admittance to the Patron's Party and 1 reserved seat for the Concert Name printed on the invitation and in the program

□I am pleased to receive an INDIVIDUAL seat with my contribution of **\$125**. 1 admittance to the concert only.

SPONSORSHIPS MUST BE RECEIVED BY **JULY 13, 2018** TO BE INCLUDED IN THE PROGRAM. \Box I am unable to participate, but please accept my gift of $____$ which will be used to support the retirement needs and the ministries of the Sisters of the Holy Family.

PAYMENT OPTIONS

□Enclosed is my check payable to Sisters of the Holy Family in the amount of \$_____.
□Please charge my account the following amount: \$_____.
□MasterCard or □VISA
Name as it appears on the Card______.
Card Account Number_____.
Expiration date______ 3 digit Security Code_____ E-mail_____.
SIGNATURE______.

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Paul and Donna Flower Joe and _____ Jaegar Joseph Jaegar, III Ryan Jaeger *Honorary Co-Chairs*

Tracie Boutte

Gail Armant · Doris Banks · Sr. Leona Bruner, S.S.F. · Gretta Burns · Janice Collins · Sr. Alicia Costa, S.S.F. · Megan Cooper · Sheridan Cooper · Connie Fitch · Joan Giron · Kimberly Grady · Terry Harris Mitchell Yvonne Harris · Gail B. Johnson · Sr. Greta Jupiter, S.S.F. Brenda Keyes · Wayne Lemelle · Clarice Kirkland · Marianne Koehl Alexis Robinson · Marcia St. Martin · Michael O. Smith · Janice C. Taylor · Diane Tillman · Madeline D. West *Committee Members*

> All proceeds will be used for the retirement needs of our elderly Sisters and sustain the ministries of the Sisters of the Holy Family.

THANK YOU FOR YOUR SUPPORT!

For More Information Contact: Kimberly Grady, Director of Development (504) 241-3088 ext. 110 or e-mail: sistersoftheholyfamilydelille@gmail.com

For federal income tax purposes, the amount of the charitable contribution that you may deduct is limited to the excess of any money contributed over the value of the goods or services you received from our organization.



RESERVATIONS WILL BE HONORED AT THE DOOR ON THE NIGHT OF THE EVENT.