RESERVATION CARD

**2012 GALA**

SATURDAY, MARCH 17, 2012

Kindly RSVP by March 3rd to:

FACE
Family Aid - Catholic Education
2121 Harrison Street, Suite 100
Oakland, CA 94612

p: 510.628.2155
f: 510.836.7693
dcoy@oakdiocese.org
www.faceofoakland.org

Name _____

Address _____

City _____State_____Zip_____

ATTENDING

❍ Dinner Guest(s)_____at $150 each = $_____

❍ Table(s) of 10_____at $1,500 each = $_____

❍ Patron Dinner Guest(s)_____at $250 each = $_____*

❍ Patron Table(s) of 10_____at $2,500 each = $_____*

*Please list my name with the Patrons as:

_____

CASH DRAWING

❍ Include me in the $5,000 Cash Drawing!

Enclosed are_____ticket stubs at $50 each = $_____

DONATION

❍ I am unable to attend, but wish to support the students.

Enclosed is my tax deductible donation of $_____

PAYMENT TOTAL AMOUNT ENCLOSED $_____

❍ Enclosed is my check for $_____ payable to FACE

❍ Charge my ❍ Visa ❍ Mastercard for $_____

Card # _____ Expires_____

Signature_____

The estimated fair market value of each ticket is $80.

**PATRON TABLE** – My guests include: Check ❍ for vegetarian entrée

1. _____ ❍

Address _____

2. _____ ❍

Address _____

3. _____ ❍

Address _____

4. _____ ❍

Address _____

5. _____ ❍

Address _____

6. _____ ❍

Address _____

7. _____ ❍

Address _____

8. _____ ❍

Address _____

9. _____ ❍

Address _____

10 _____ ❍

Address _____

**Please respond by March 3**

If possible, seat me with:

_____

_____

_____

_____

_____

_____