

HONORING

Reverend Dr. James Fuller and Mrs. Jo Fuller

Thursday, November 9, 2023 • 6:00 P.M.

Lawn of the Phelan Mansion • 2830 Calder Avenue, Beaumont, Texas

Please print name exactly as you would like it acknowledged.

NAME OR BUSINESS NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

EMAIL _____

PLEASE SELECT YOUR SPONSORSHIP LEVEL BY INDICATING THE NUMBER OF TABLES OR SEATS YOU WISH TO RESERVE:

“TABLE” RESERVATIONS FOR EIGHT

_____ \$20,000	GRAND BENEFACTOR
_____ \$10,000	BENEFACTOR
_____ \$5,000	UNDERWRITER
_____ \$2,500	SPONSOR
_____ \$1,500	PATRON
_____ \$1,000	FRIEND

INDIVIDUAL RESERVATIONS

_____ \$2,500	GRAND BENEFACTOR INDIVIDUAL
_____ \$1,250	BENEFACTOR INDIVIDUAL
_____ \$625	UNDERWRITER INDIVIDUAL
_____ \$325	SPONSOR INDIVIDUAL
_____ \$200	PATRON INDIVIDUAL
_____ \$125	FRIEND INDIVIDUAL

- I WOULD ALSO LIKE TO MAKE AN ADDITIONAL TAX-DEDUCTIBLE DONATION OF \$ _____.
- I WOULD LIKE TO UNDERWRITE PARTICULAR EVENT EXPENSES SUCH AS DECORATIONS, ENTERTAINMENT, FLOWERS, HORS D’OEUVRES, MUSICAL ENTERTAINMENT, ETC. --- PLEASE CONTACT ME WITH FURTHER DETAILS
- I AM UNABLE TO ATTEND BUT WOULD LIKE TO MAKE A TAX-DEDUCTIBLE DONATION OF \$ _____.

Please make check payable to CATHOLIC CHARITIES OF SOUTHEAST TEXAS or charge to:

- AMERICAN EXPRESS CREDIT CARD # _____
 - DISCOVER NAME ON CREDIT CARD _____
 - MASTER CARD BILLING ADDRESS OF CARD HOLDER _____
 - VISA EXPIRATION DATE _____ SECURITY CODE _____
- SIGNATURE OF CARD HOLDER _____

**Please return this form by mail or fax to Catholic Charities
YOUR EARLY RESPONSE BY SEPTEMBER 22, 2023 IS APPRECIATED**

To be included in the event program, response is needed by October 16, 2023.

The cost of goods and services is \$50 per person.

Catholic Charities of Southeast Texas

2780 Eastex Freeway • Beaumont, Texas 77703 • Phone: 409.924.4421 • Fax 409.832.0145

www.catholiccharitiesbmt.org