

KINDLY REPLY BY AUGUST 3, 2018



### YES I WILL ATTEND!

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

*Confirmation will be sent by email. In lieu of tickets, guest names will be held at the door.*

*List names in your party including children (for seating purposes)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT INFORMATION

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC# \_\_\_\_\_

Signature \_\_\_\_\_

I am unable to attend, enclosed is my tax-deductible donation.

### INDIVIDUAL TICKETS

\_\_\_\_\_ **Adult \$15**

\_\_\_\_\_ **Youth \$10** (ages 5 -18)

Children under 5 free

### SPONSORSHIPS

I would like to sponsor the FACE Fr. Leo Event

- Patron Level** \$500  
12 Reserved seats & event signage
- Contributor Level** \$250  
6 reserved seats & event signage
- Friend Level** \$100  
2 reserved seats & event signage

Please make checks payable to **FACE**

**Please mail to:**

Jane Robin  
FACE/Cape Cod  
PO Box 405  
Monument Beach, MA 02553

**QUESTIONS?** 508.759.3566 or [janer@dioc-fr.org](mailto:janer@dioc-fr.org)