

# Kindly Reply



By JUNE 25, 2018

Yes, I will attend

*Donor levels from Underwriter through Supporter will be recognized in the program booklet. Please list name(s) as they should appear in the program booklet.*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Confirmation letter will be sent to your email address*

## PAYMENT INFORMATION

Check is enclosed and made payable to FACE

Please charge by credit card:  MC  VISA  AMEX  Discover

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

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

Signature \_\_\_\_\_

DONOR CATEGORIES		# of Seats
Underwriter	\$25,000	14
Benefactor	\$15,000	12
Patron	\$10,000	10
Sponsor	\$5,000	8
Mentor	\$3,000	6
Friend	\$2,000	4
Supporter	\$1,000	2
Individual	\$250	1
Parent of Enrolled Student *	\$125	1
Educator in Diocese Schools *	\$125	1

*In lieu of tickets, guest names will be held at the door.*

*\* Limited number of seats at this level*



*Please list the names of your guests:*

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[ ] I/we are unable to attend. Enclosed is my tax-deductible gift of \$ \_\_\_\_\_  
Please offer my seats to someone who otherwise would not be able to attend.



**Foundation to Advance Catholic Education**  
Post Office Box 405 | Monument Beach, MA 02553

Please contact Jane Robin for more information:  
508.759.3566 or janer@dioc-fr.org