

# Saint Therese Foundation Gala Registration Form

Remit to the Saint Therese Foundation by October 1, 2019.

1660 South Highway 100 Suite 103 St. Louis Park, Minnesota 55416

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

## Selected participation level

\$10,000 - Benefactor table host for 10 guests

\$2,500 - Preferred table host for 10 guests

\$5,000 - Guarantor table host for 10 guests

\$1,250 - Patron table host for 10 guests

Name or organization to recognize in program: \_\_\_\_\_

PATRON HOST PRICING INCREASES SEPTEMBER 25 TO \$1,500

\$800 - Ruby sponsorship with 4 tickets

\$125 - Individual ticket

\$500 - Emerald sponsorship with 2 tickets

Quantity of individual tickets: \_\_\_\_\_

INDIVIDUAL PRICING INCREASES SEPTEMBER 25 TO \$150

**Total enclosed amount: \$** \_\_\_\_\_

\$55 PER ATTENDEE NOT TAX-DEDUCTIBLE. SPONSORSHIP FAIR MARKET VALUE FOUND ON RECEIPT.

Check payable to **Saint Therese Foundation** enclosed

Please charge my credit card\*:  Visa  Mastercard  American Express  Discover

\*FOR A MORE SECURE TRANSACTION, PAY ONLINE: SAINTTHERESE.ORG/GALA

Credit card number: \_\_\_\_\_ Billing zip: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

## Guest Information\*

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name: \_\_\_\_\_ Email: \_\_\_\_\_

5. Name: \_\_\_\_\_ Email: \_\_\_\_\_

6. Name: \_\_\_\_\_ Email: \_\_\_\_\_

7. Name: \_\_\_\_\_ Email: \_\_\_\_\_

8. Name: \_\_\_\_\_ Email: \_\_\_\_\_

9. Name: \_\_\_\_\_ Email: \_\_\_\_\_

10. Name: \_\_\_\_\_ Email: \_\_\_\_\_

\*LIST MEAL REQUESTS AFTER NAME. V: VEGETARIAN GF: GLUTEN-FREE LF: LACTOSE-FREE