



Number of Tickets at \$250 each: Quantity _____ Total \$: _____

I will purchase a ticket for a priest at \$250 each: Quantity _____ Total \$: _____

I will make a donation (any dollar amount welcome): \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Card #: _____ Expires: _____

Name on Card: _____ CCV: _____

Signature: _____

Email: _____

Make checks payable to St Michael Parish, 469 North St., Greenwich, CT 06830