

PURCHASER INFORMATION (Please Print)

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

<u>TICKET PRICES</u>	<u># Tickets</u>	<u>Amount</u>
___ Guest Tickets \$90/person	_____	\$ _____
___ Benefactor Tickets \$125/person (includes premier table placement & special recognition in the program)	_____	\$ _____
___ Half Pot Raffle Tickets (License #001299) \$25 ea. or 6 for \$100 (7 for \$100 if purchased by 1/29/26)	_____	\$ _____
___ I would like to be a corporate sponsor (includes tickets based on level) Levels: \$500, \$750, \$1,000, \$2,000, \$3,000 & \$5,000 Benefit info at hrparish.org/gala		\$ _____
___ I would like to sponsor a teacher to attend		\$ _____
___ I am unable to attend. Please accept my donation to be used for improvements to our educational resources and to support the operation of Holy Rosary parish and school.		\$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

METHOD OF PAYMENT: ___ **CASH** ___ **CHECK#** _____ **DEBIT CARD**
(Please make checks payable to "Holy Rosary Gala.")

CARD NO. _____ **EXP. DATE** _____ **CVV Number** _____
(3-digit number on back of card)

ADDRESS & ZIP CODE CARD IS BILLED TO (IF DIFFERENT FROM ABOVE):

I agree to pay the above amount charged to my debit card in accordance with my debit card agreement.

Date: _____ **Signature:** _____

Completed forms should be mailed with payment to
Holy Rosary Parish, ATTN: Gala, 1301 S Green River Rd, Evansville, IN 47715

If additional order forms are necessary, you may make copies of this form,
call the Parish office at 812-477-8923 or download from hrparish.org/gala

QUESTIONS? Contact Julie Bath at jbath6122@aol.com or 812-499-1826

Visit **hrparish.org/gala**
for Auction Registration, Sponsorships & much more!